

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Neagata Adams</i>		Town <i>Keussington</i>		County <i>Montgomery</i>		State <i>MARYLAND</i>	
Died at		Date of death <i>1908</i>		Month <i>March</i>		Day <i>2</i>	
Age <i>80</i>		Years <i>80</i>		Months <i>—</i>		Days <i>—</i>	
Sex <i>Female</i>		Color or Race <i>Black</i>		Birthplace <i>md</i>			
Occupation <i>None</i>		Where Residing if not at place of death <i>Same</i>					
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>S. Adams, deceased</i>					
Father's Name <i>Atk. Beall</i>		Father's Birthplace <i>md</i>					
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>md</i>					
Name of person giving information <i>William Adams</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

112

PHYSICIAN
OR CORONER

Primary	<i>Alcoholism</i>	How long	<i>3 years</i>
Immediate	<i>Cirrhosis of the liver</i>	How long	<i>6 months</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>		
Signature of Physician	<i>Georgina Jones</i>		
Address	<i>Keussington</i>		
Accident or Suicide?	<i>No</i>		



Name
in
Full

Rachel Coshus Bell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

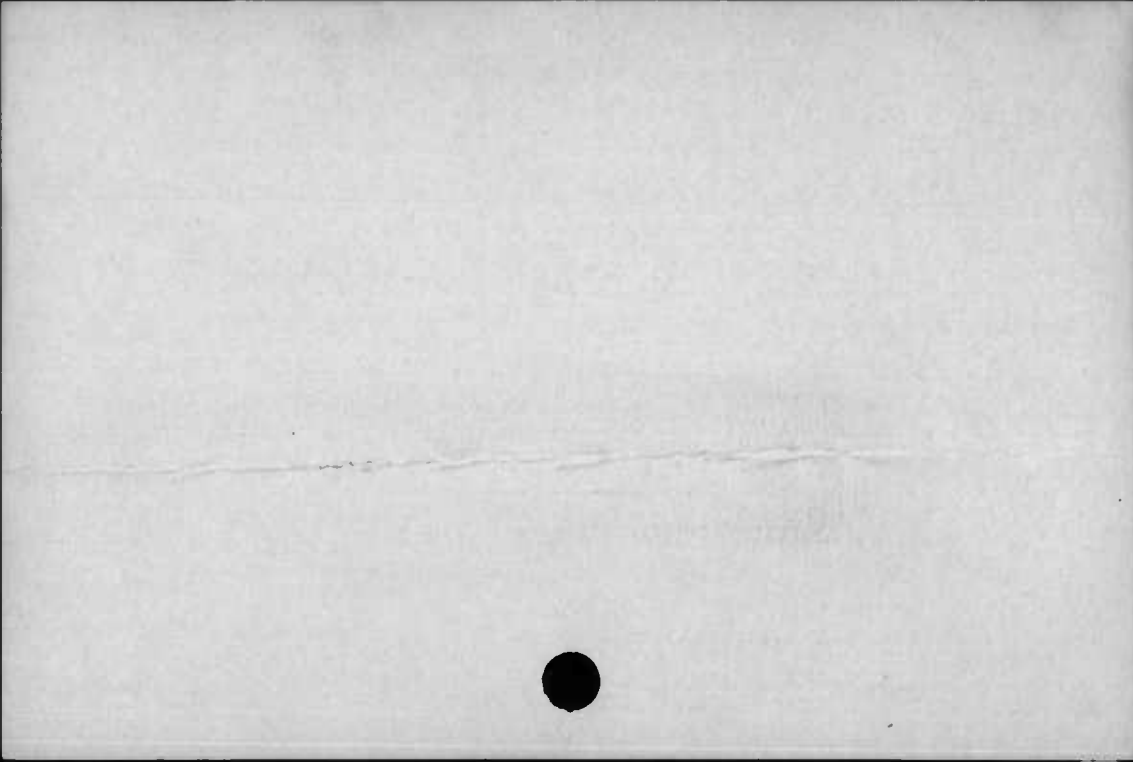
Died at ^{near} <i>Brinklow</i>		Town		County		MARYLAND	
Date of death	<i>1908</i>	Month	<i>March</i>	Day	<i>21</i>	Years	<i>8.5 about</i>
Sex	<i>Female</i>		Color or Race	<i>negro</i>		Birth-place	<i>Howard Co. Md.</i>
Occupation	<i>General Housework</i>		Where Residing if not at place of death				
Married, Single or Widowed			Married, Single or Widowed	<i>John Bell</i>			
Father's Name	<i>Perry Coshus</i>				Father's Birthplace	<i>Howard Co</i>	
Mother's Maiden Name	<i>Harriet Coshus</i>				Mother's Birthplace	<i>" "</i>	
Name of person giving information	<i>Rachel Coshus</i>				How related to deceased	<i>Sister in law</i>	

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary	<i>Senile Dementia</i>	How long	<i>2 years</i>
Immediate	<i>Hemiplegia</i>	How long	<i>3 weeks</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>Aug. Stabler</i>	
		Address	
		<i>Brighton Md.</i>	
Accident or Suicide?			



Name
in
Full

Marce C Best

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Germanatown</i> Town		<i>Montgomery</i> County		MARYLAND	
Date of death <i>1908</i> Month <i>March</i> Day <i>11</i>		Age <i>7</i> Years		Months <i>7</i> Days	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Germanatown</i>	
Occupation _____		Where Residing if not at place of death _____			
Married, Single or Widowed _____		Name of Wife or Husband _____			
Father's Name <i>Elsworth Best</i>		Father's Birthplace <i>Germanatown</i>			
Mother's Maiden Name <i>Margret C Pierce</i>		Mother's Birthplace <i>11</i> <i>11</i>			
Name of person giving information <i>H W Burrows</i>		How related to deceased <i>none</i>			

CAUSES OF DEATH

90

PHYSICIAN
OR CORONER

Primary	How long <i>4 weeks</i>
Immediate <i>Bronchitis</i>	How long <i>4 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E. H. Etchison</i>
	Address <i>Gaithersburg</i>
Accident or Suicide?	



Name
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Bessie Bell Bowman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

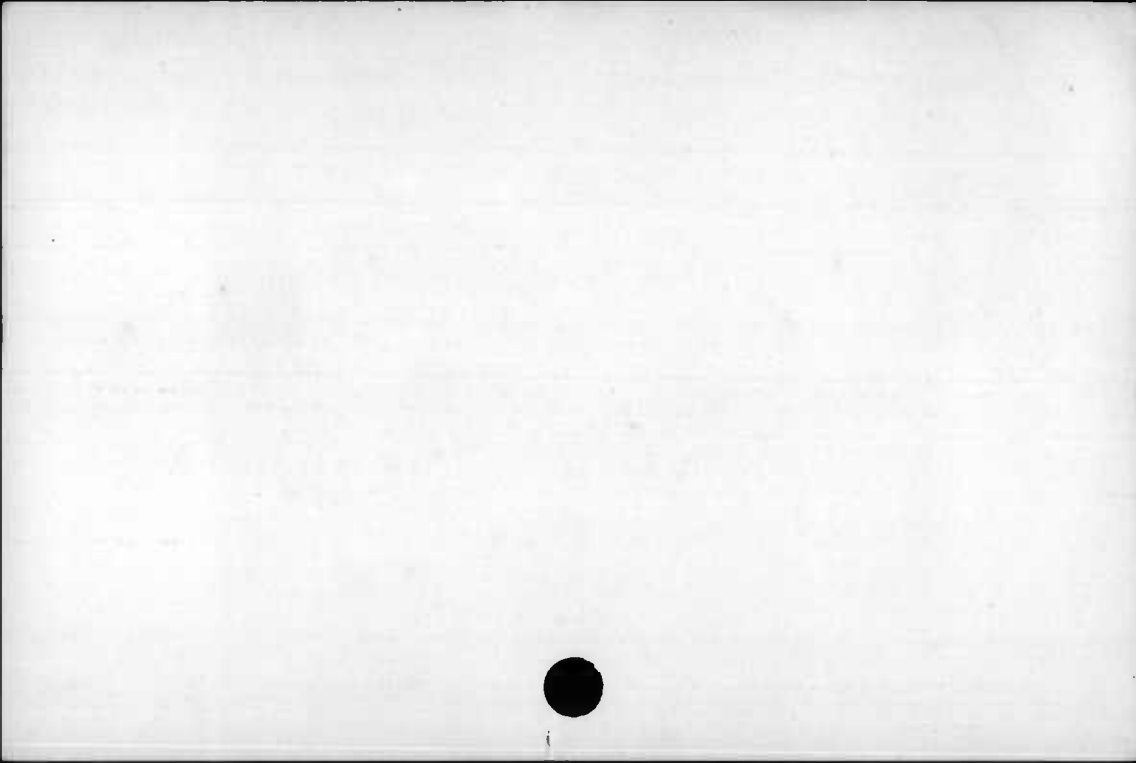
Died at <i>near Laytonsville</i>		Town <i>Montgomery</i>		County		MARYLAND	
Date of death <i>1908</i>	Month <i>March</i>	Day <i>19</i>	Years <i>10</i>	Months <i>11</i>	Days <i>23</i>		
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Montgomery Co</i>			
Occupation <i>none</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>—</i>		Name of Wife or Husband					
Father's Name <i>Fred. F. Bowman</i>		Father's Birthplace <i>Montgomery Co</i>					
Mother's Maiden Name <i>Martha Saffronia Libbey</i>		Mother's Birthplace <i>Montgomery Co</i>					
Name of person giving information <i>Fred. F. Bowman</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

63

PHYSICIAN
OR CORONER

Primary <i>Infantile Spinal Paralysis</i>	How long <i>Since an infant</i>
Immediate <i>Heart failure from General Exhaustion</i>	How long <i>Several hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>V. H. Dyson M.D.</i>
	Address <i>Laytonsville Md</i>
Accident or Suicide?	



Name
in
Full

Charlotte Craig Brandt.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Takoma Park</i> ^{Town}			<i>Montgomery</i> ^{County}		MARYLAND	
Date of death <i>1906</i>	Month <i>Mar</i>	Day <i>23rd</i>	Age <i>30</i>	Years	Months	Days
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Washington Pa.</i>			
Occupation <i>Artist</i>			Where Residing if not at place of death <i>Morgan town Pa.</i>			
Married, Single or Widowed		Name of Wife or Husband <i>Joseph W. Brandt.</i>				
Father's Name <i>Henry Craig</i>			Father's Birthplace <i>Unknown</i>			
Mother's Maiden Name <i>Melida Dugan</i>			Mother's Birthplace <i>Unknown</i>			
Name of person giving information <i>Joseph Brandt</i>			How related to deceased <i>Husband.</i>			

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>Mitral Insufficiency</i>	How long <i>8 years - about</i>
Immediate <i>Dropsical Effusion</i>	How long <i>4 months</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Lauritta E. Kress</i>
<i>Yes - so far as I am able</i>	Address <i>Takoma Park</i>
Accident or Suicide? <i>(over)</i>	<i>Washington D.C.</i>

L. M. Moore

Registrar Takoma Park
Md.
(S. D. A. Sanitarium.)

Name
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Full

Jane Brown

CERTIFICATE OF DEATH

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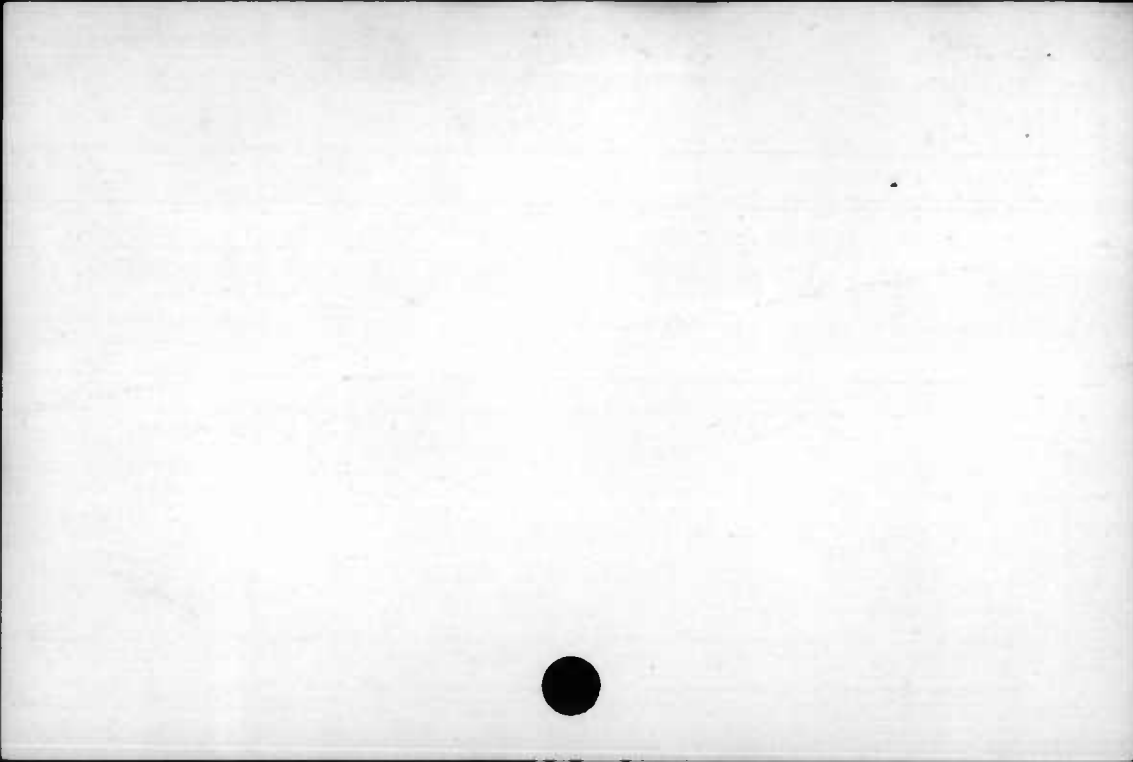
Died at <i>Wt. Zion</i> Town		<i>Montg.</i> County		MARYLAND	
Date of death	<i>1908</i>	Month <i>Feb.</i>	Day <i>8</i>	Years <i>80</i>	Months <i>2</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Montg. Co.</i>		
Occupation <i>Servant</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>David Brown</i>			
Father's Name <i>York Turner</i>		Father's Birthplace <i>Montg. Co.</i>			
Mother's Maiden Name <i>Leana Turner</i>		Mother's Birthplace <i>Montg. Co.</i>			
Name of person giving information <i>Richard Dorsey</i>		How related to deceased <i>Grand Son</i>			

CAUSES OF DEATH

(95)

PHYSICIAN
OR CORONER

Primary <i>Hypostatic Pneumonia</i>	How long <i>2 weeks</i>
Immediate <i>Delitiation of Heart</i>	How long <i>2 weeks -</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. G. Spurr</i>
	Address <i>Montg. Co.</i>
Accident or Suicide?	



Name
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CERTIFICATE OF DEATH

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Rebecca Barth

Town

County

MARYLAND

Died at near Rockville

Date

of death 1908

Month

3

Day

7

Years

Age 61

Months

Days

Sex

Female

Color or
Race

White

Birth-
place

Maryland

Occupation

Housewife

Where Residing if not
at place of death

X

Married, Single
or Widowed

Married

Name of Wife or
Husband

Robert M. Barth

Father's
Name

John Ricketts

Father's
Birthplace

Maryland

Mother's
Maiden Name

Willie Ray

Mother's
Birthplace

Maryland

Name of person giving
Information

John L. Mills

How related
to deceased

Not at all

CAUSES OF DEATH

33

Primary

Tuberculosis of liver

How long

Ten years

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Edward Anderson M.D.

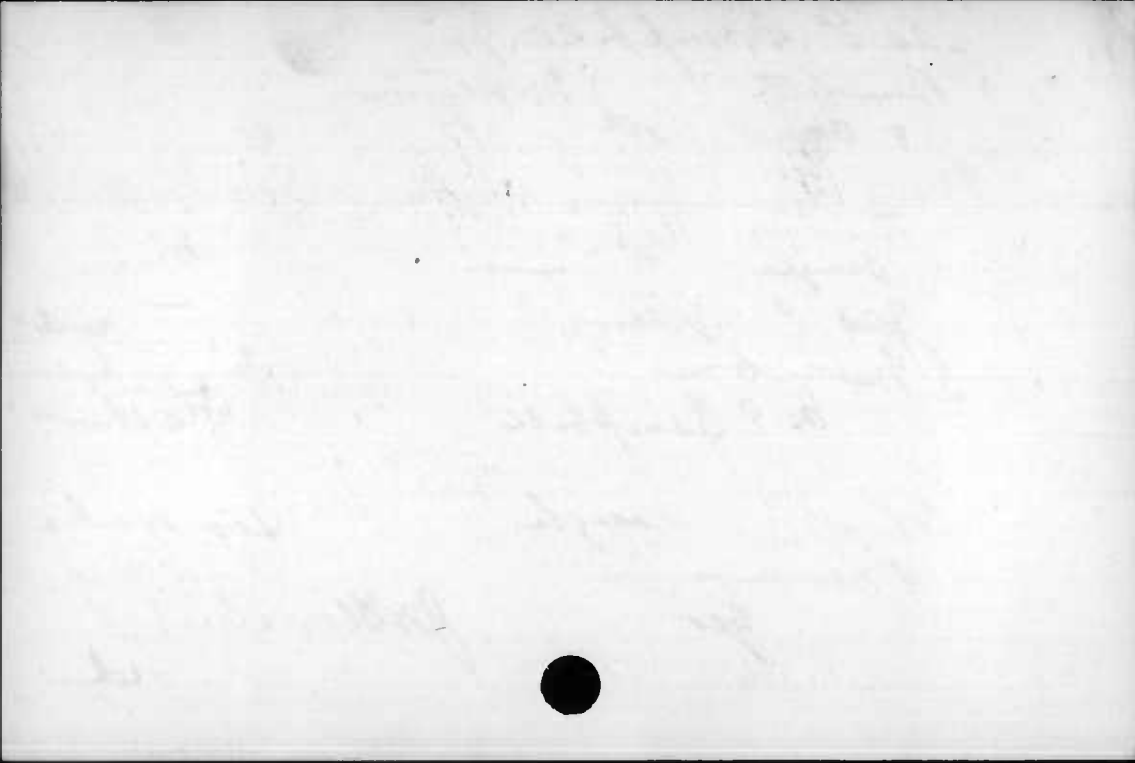
Address

Rockville, Md.

Accident or Suicide?

No

PHYSICIAN
OR CORONER



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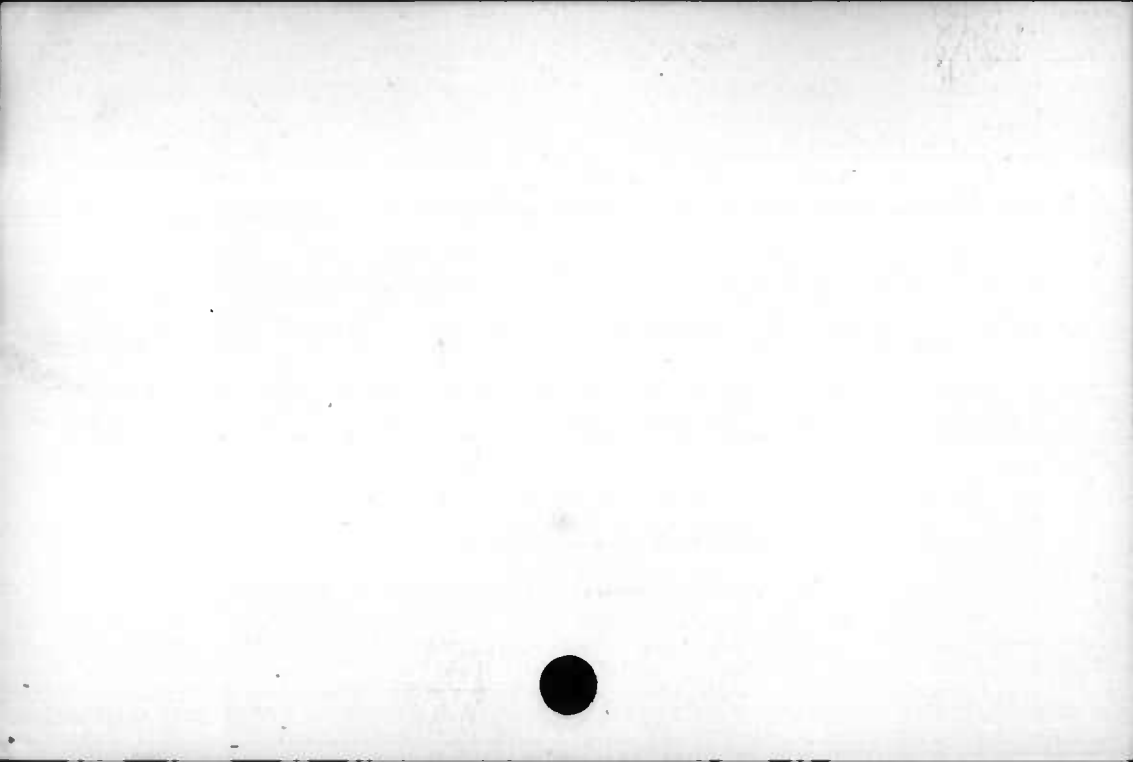
Died at <i>Burdette</i> ^{Town}		<i>Montgomery</i> ^{County}		MARYLAND	
Date of death	<i>1908</i>	Month <i>March</i>	Day <i>30th</i>	Age <i>1</i> ^{Years}	Months <i>0</i> ^{Months}
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Burdette Md</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Jos E Campbell</i>		Father's Birthplace <i>Montgomery Co.</i>			
Mother's Maiden Name <i>Mary Orr</i>		Mother's Birthplace <i>Montgomery County</i>			
Name of person giving information <i>Jos E Campbell</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

8

PHYSICIAN
OR CORONER

Primary <i>Whooping Cough</i>	How long <i>Six weeks</i>
Immediate <i>Pneumonia</i>	How long <i>Five days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. H. Stewart</i>
	Address <i>Barnsville Md</i>
Accident or Suicide?	



Name
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Phurion Carter

CERTIFICATE OF DEATH

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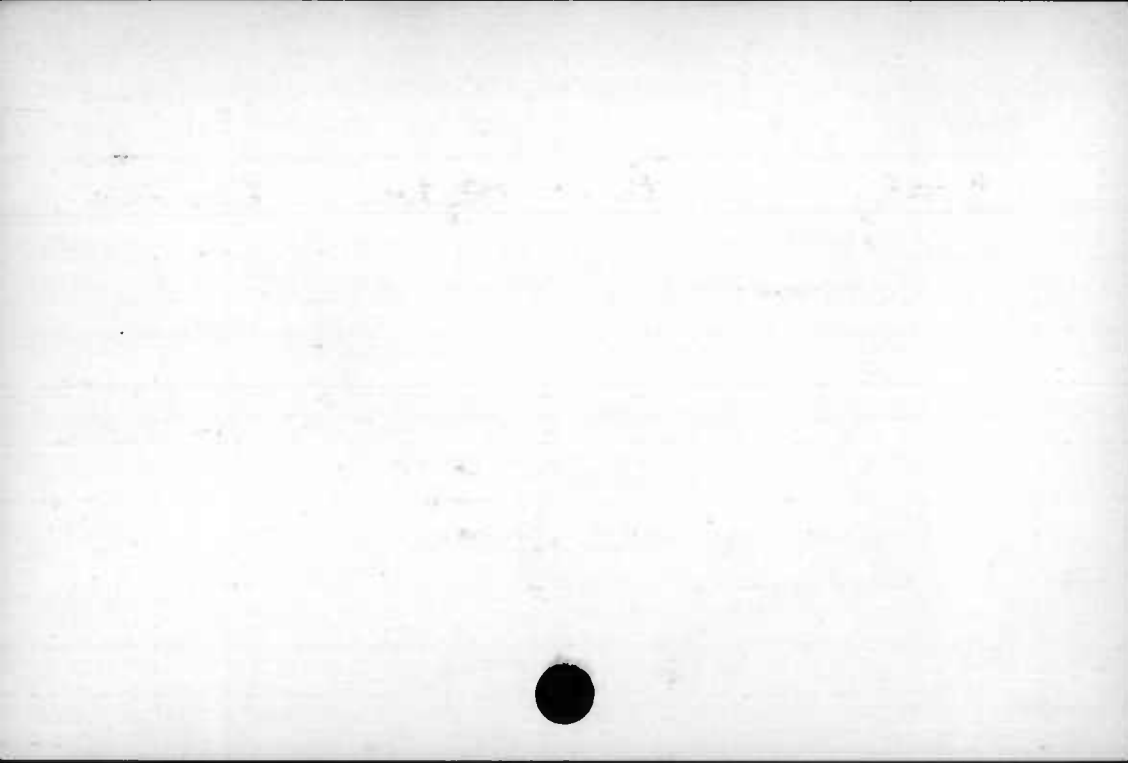
Died at <i>Olney</i>		Town		<i>Montgomery</i>		County		MARYLAND	
Date of death 190 <i>8</i>	Month <i>3</i>	Day <i>7</i>	Year <i>21-</i>	Age	Months <i>2</i>	Days <i>—</i>			
Sex <i>Male</i>	Color or Race <i>afrikan</i>		Birth-place <i>Maryland</i>						
Married , Single <i>single</i>	Occupation <i>Laborer</i>								
Name of Wife or Husband <i>_____</i>									
Father's Name <i>Agustus Wilkerson</i>				Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Francis Carter</i>				Mother's Birthplace <i>Maryland</i>					
Name of person giving information <i>May Carter</i>				How related to deceased <i>aunt</i>					

CAUSES OF DEATH

112

PHYSICIAN
OR CORONER

Primary <i>Specific Hardening of liver</i>	How long <i>one year</i>
Immediate <i>Paralysis following stroke</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Roger Brooke</i>
	Address <i>Sandy Spring Md</i>
Accident or Suicide?	



Name
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Thomas Carter

CERTIFICATE OF DEATH

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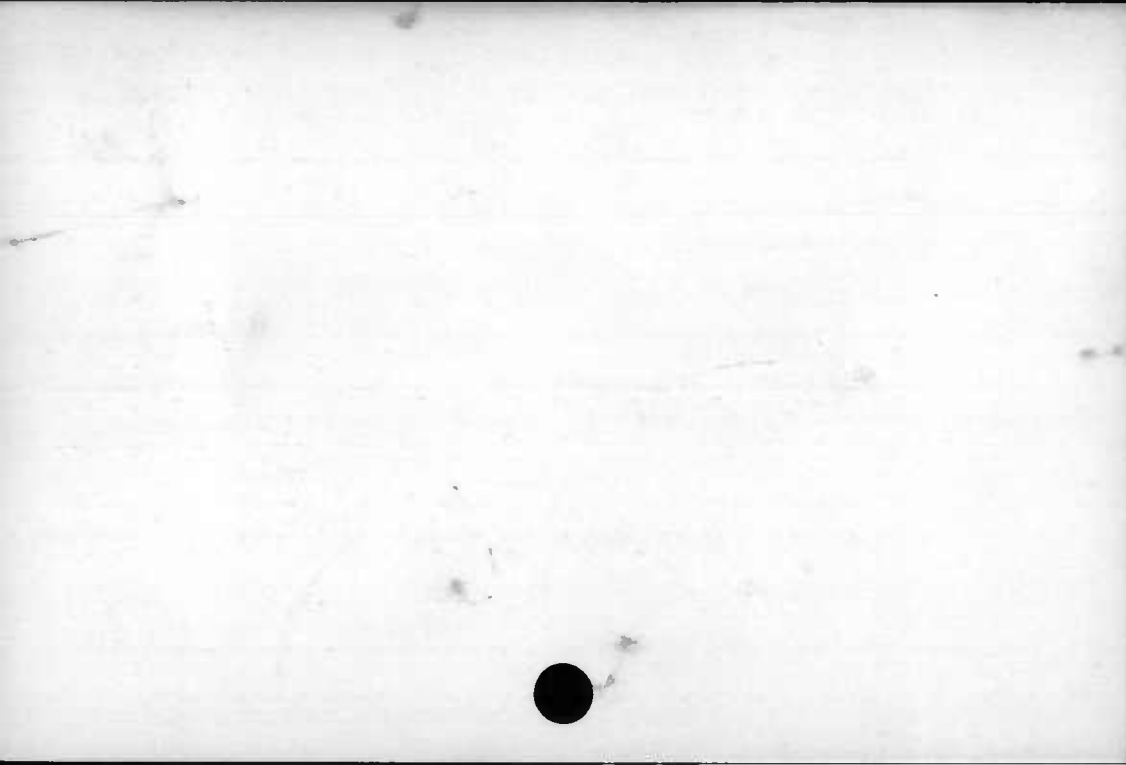
Died at		Sandy Spring		Montgomery		MARYLAND	
Date of death 1908		Month 3	Day 18	Age 67		Months 11	Days 23
Sex Male		Color or Race Brown African		Birth-place		Virginia	
Married, Single or Widowed		Married		Occupation		Laborer	
Name of Wife or		Loydian Carter					
Father's Name		Not known				Father's Birthplace Virginia	
Mother's Maiden Name		Not known				Mother's Birthplace Virginia	
Name of person giving information		Charles Thomas					
						How related to deceased Son in Law	

CAUSES OF DEATH

40

PHYSICIAN
OR CORONER

Primary	Carcinoma of stomach	How long	14 months
Immediate	asthenia	How long	5 days
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		Roger Brooke	
Address		Sandy Spring Md	
Accident or Suicide?			



Name
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William H. Cook

CERTIFICATE OF DEATH

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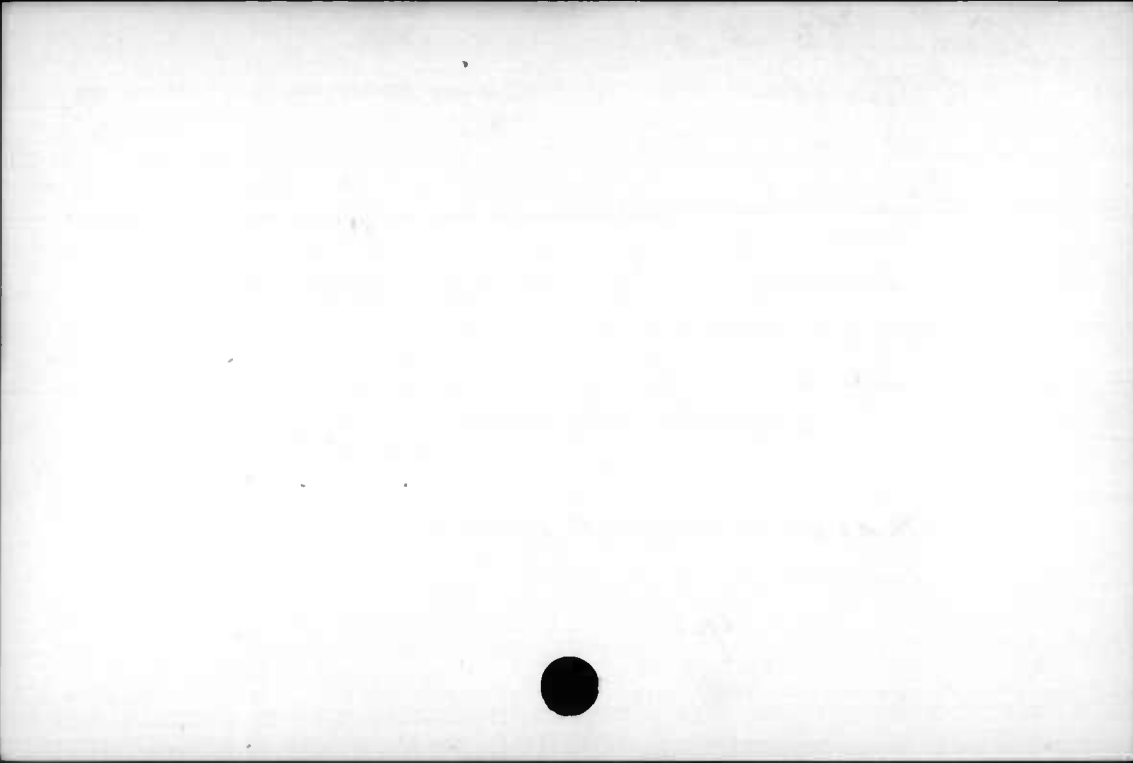
Died at ^{Town} Sandy Spring		^{County} Montgomery		MARYLAND	
Date of death	1908	Month	March	Day	5 th
Age	68	Years	6	Months	23
Sex	Male	Color or Race	Colored	Birth-place	Montg. Co, Md.
Occupation	Minister		Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband Mary Elizabeth Cook.			
Father's Name	John Cook			Father's Birthplace	Montg. Co, Md.
Mother's Maiden Name	Mary Sampson			Mother's Birthplace	Montg. Co, Md.
Name of person giving information	Charles Cook			How related to deceased	Son

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary	Valvular insufficiency, Right Ventr. of Heart.	How long	Eight months
Immediate	Apoplexy.	How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Chas. Farguehar	
Address		Olney Md.	
Accident or Suicide?			



Name
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CERTIFICATE OF DEATH

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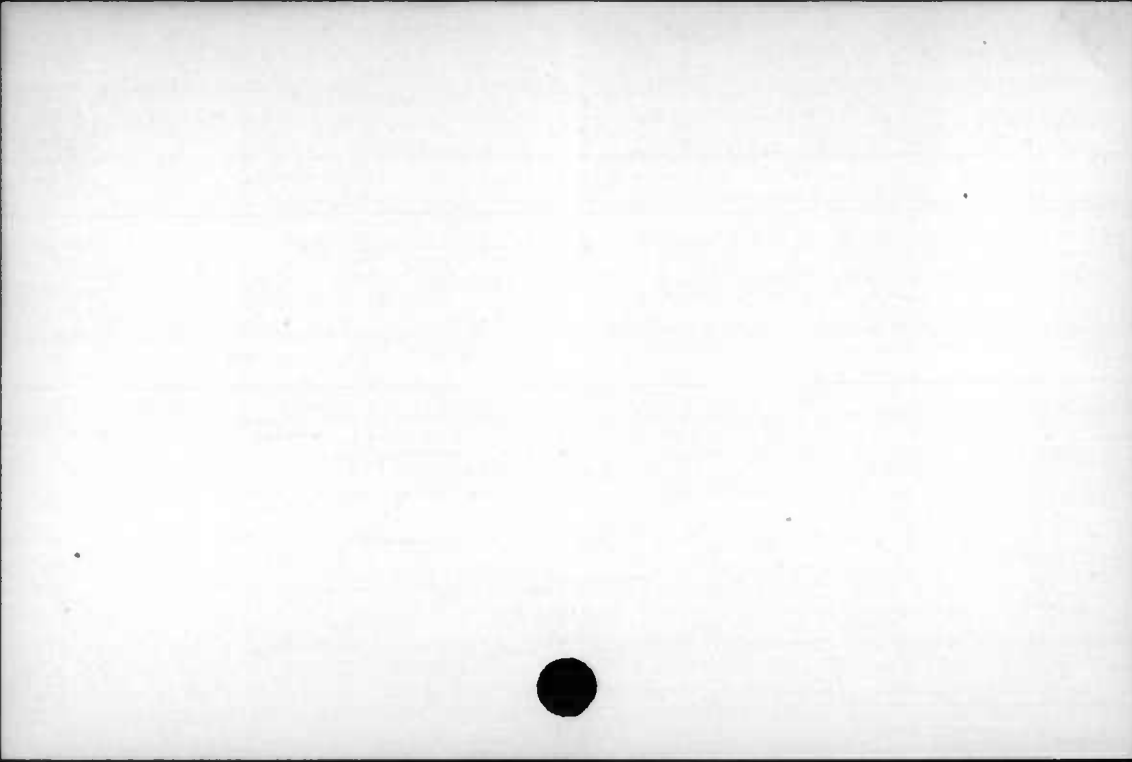
Died at <i>Birtesda</i> ^{Town}		<i>Montgomery</i> ^{County}		MARYLAND	
Date of death	<i>1908</i>	Month <i>3</i>	Day <i>26</i>	Age <i>67</i> Years	Months <i>4</i> Days <i>20</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Montg. Co., Md.</i>		
Occupation <i>Financier</i>	Where Residing if not at place of death <i>✓</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>✓</i>				
Father's Name <i>John Councilman</i>	Father's Birthplace <i>Penn.</i>				
Mother's Maiden Name <i>Matilda Perry</i>	Mother's Birthplace <i>Montg. Co., Md.</i>				
Name of person giving information <i>Virginia Perry</i>	How related to deceased <i>Sister</i>				

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary <i>Bright's Disease & Heart</i>	How long <i>2 yrs.</i>
Immediate <i>Dropsical Effusion & Anemic Comp.</i>	How long <i>10 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John L. Lewis M.D.</i>
	Address <i>Birtesda, Md.</i>
Accident or Suicide?	



Name
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Susan A. Dawson

CERTIFICATE OF DEATH

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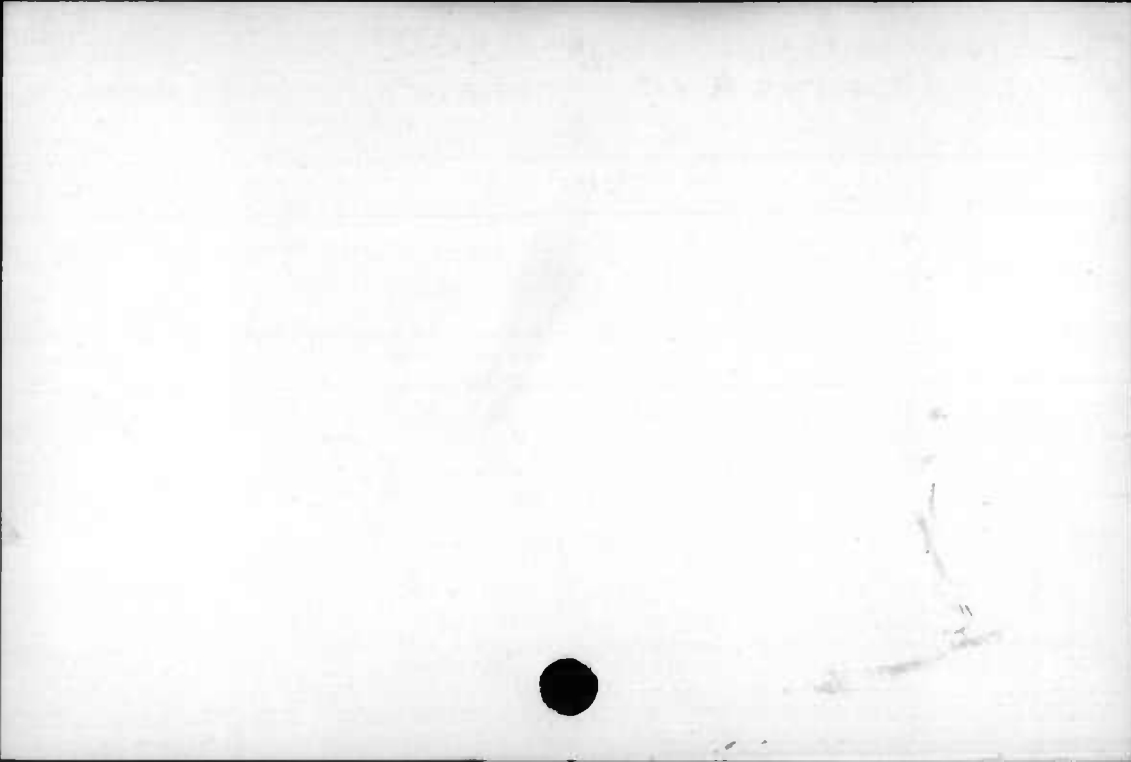
Died at		Town Dawsonville		County Mentz		MARYLAND	
Date of death	1908	Month 3	Day 21	Age 79	Years	Months 7	Days 14
Sex	Female		Color or Race	White		Birth- place	Dawsonville Md
Occupation	Housekeeper			Where Residing if not at place of death			
Married, Single or Widowed	Single			Name of Wife or Husband			
Father's Name	Benoni Dawson				Father's Birthplace	Mentz Co. Md.	
Mother's Maiden Name	Margaret Chiswell				Mother's Birthplace	Mentz Co. Md.	
Name of person giving Information	U. D. Nourse				How related to deceased	None.	

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary	Bronchitis	How long	4 wks.
Immediate	Senile pneumonia	How long	4 ds.
Are the name, age, sex, color, date and place correctly given above?		Yes.	
Signature of Physician		U. D. Nourse	
Address		Dawsonville Md.	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Name *William John Drummond*

Town

County

Died at *Blackshurn**Montgomery*

Date

of death *1908*

Month

March

Day

30

Age

Years

87

Months

5

Days

Sex

*Male*Color or
Race*White*Birth-
place*Fred. Co. Md.*

Occupation

*Blacksmith*Where Residing if not
at place of deathMarried, Single
or Widowed*Widower*Name of Wife or
Husband*Salenta Wade*Father's
Name*Not known*Father's
Birthplace*Germany*Mother's
Maiden Name*Not known*Mother's
Birthplace*not known*Name of person giving
information*Chas. J. Day*How related
to deceased*Son-in-law*

CAUSES OF DEATH

154

Primary

General debility, accident & age

How long

Immediate

Burn on leg -

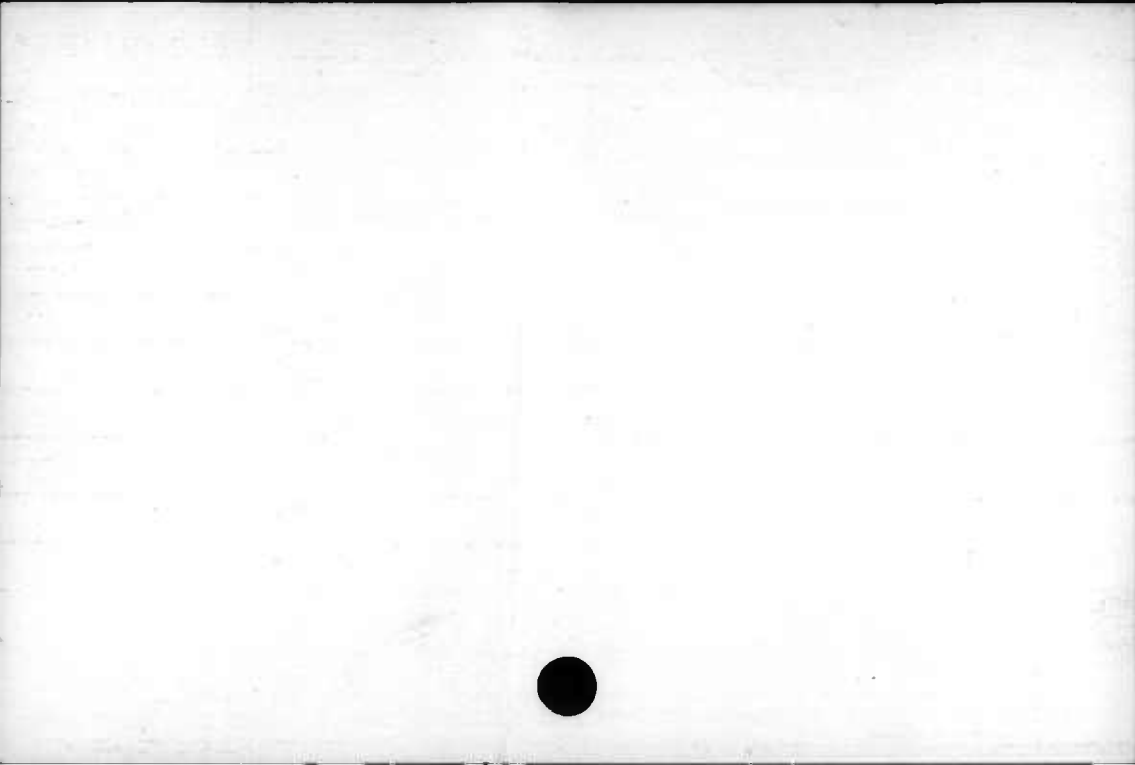
How long

*4 weeks*Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician

Address

Blackshurn Mt.

Accident or Suicide?



Name
In
Full

Bertha Virginia Fairfax

CERTIFICATE OF DEATH

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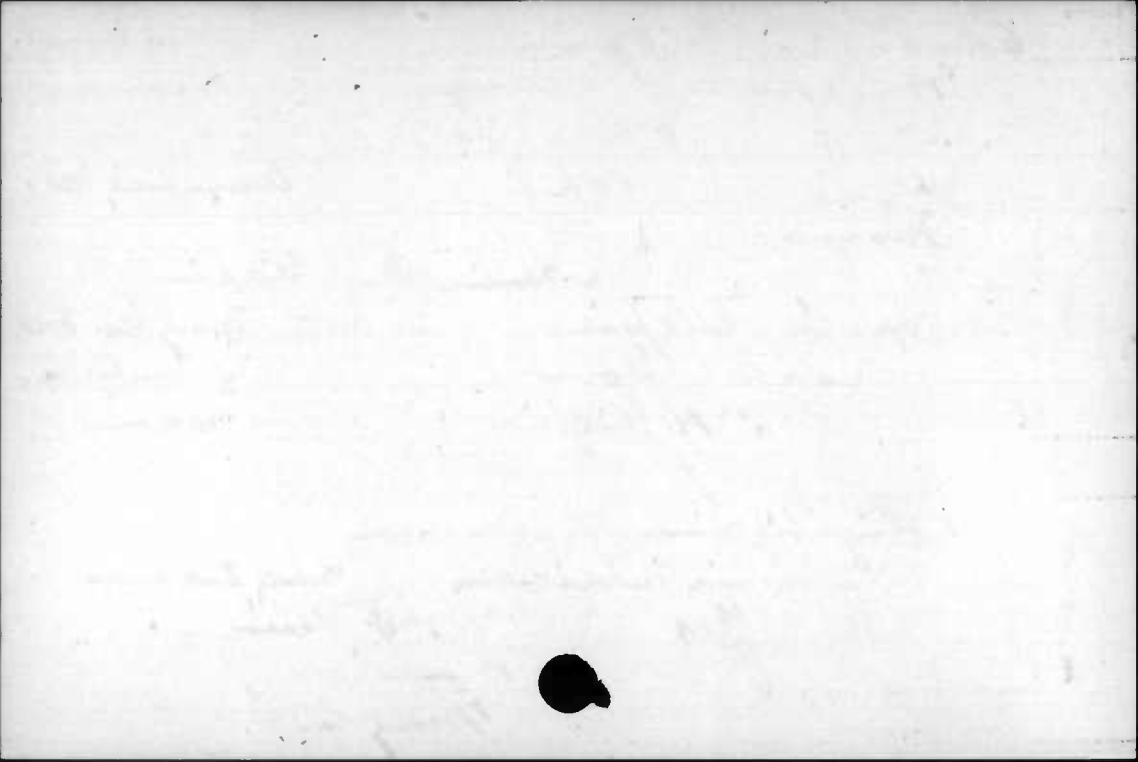
Died at <i>Martinsburg</i> ^{Town}		<i>Montgomery</i> ^{County}		MARYLAND	
Date of death <i>1908</i>		Month <i>March</i>	Day <i>9</i>	Age <i>9</i>	Years <i>18</i>
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth-place <i>Martinsburg</i>	
Occupation <i>none</i>			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>Robert Fairfax</i>			Father's Birthplace <i>Leesburg Va</i>		
Mother's Maiden Name <i>Sarah C Johnson</i>			Mother's Birthplace <i>Radsville</i>		
Name of person giving information <i>Richard Jackson</i>			How related to deceased <i>none</i>		

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>one week</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Dr E W White</i>
	Address <i>Radsville</i>
Accident or Suicide?	<i>md</i>



Name
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Edward C. Gilpin

CERTIFICATE OF DEATH

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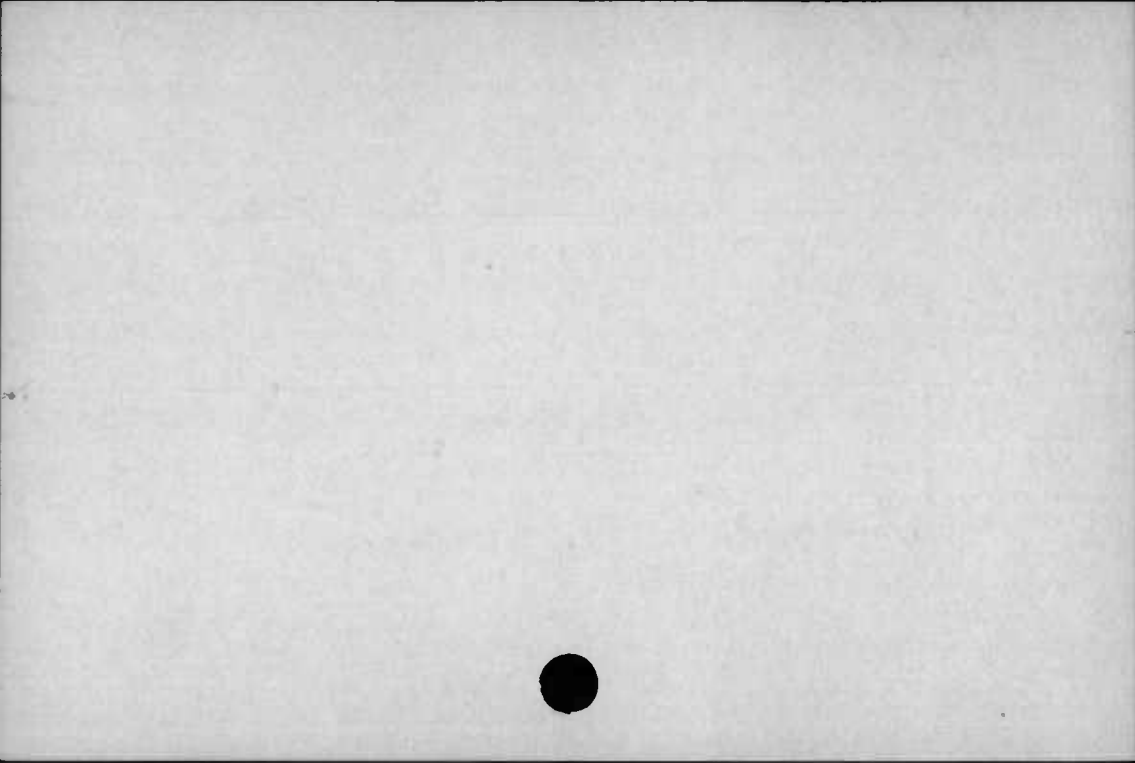
Died at <i>Brighton</i> ^{Town}		<i>Montgomery</i> ^{County}		MARYLAND	
Date of death <i>1908</i>	Month <i>3</i>	Day <i>9</i>	Age <i>50</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Annapolis, Md.</i>		
Occupation <i>Farmer</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed		Name of Wife or Husband <i>Amie Fresh Gilpin</i>			
Father's Name <i>Sam'l Gilpin</i>			Father's Birthplace <i>Monty Co. Md.</i>		
Mother's Maiden Name <i>Rachel Gover</i>			Mother's Birthplace <i>Loudon Co. Va.</i>		
Name of person giving information <i>Wm H. Gilpin</i>			How related to deceased <i>Son</i>		

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	<i>Bright's disease with heart complication</i>	How long	
Immediate	<i>Uraemic intoxication</i>	How long	<i>Probably two weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Wm F. Green</i>	
		Address <i>Brockville, Maryland</i>	
Accident or Suicide?			



Name
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CERTIFICATE OF DEATH

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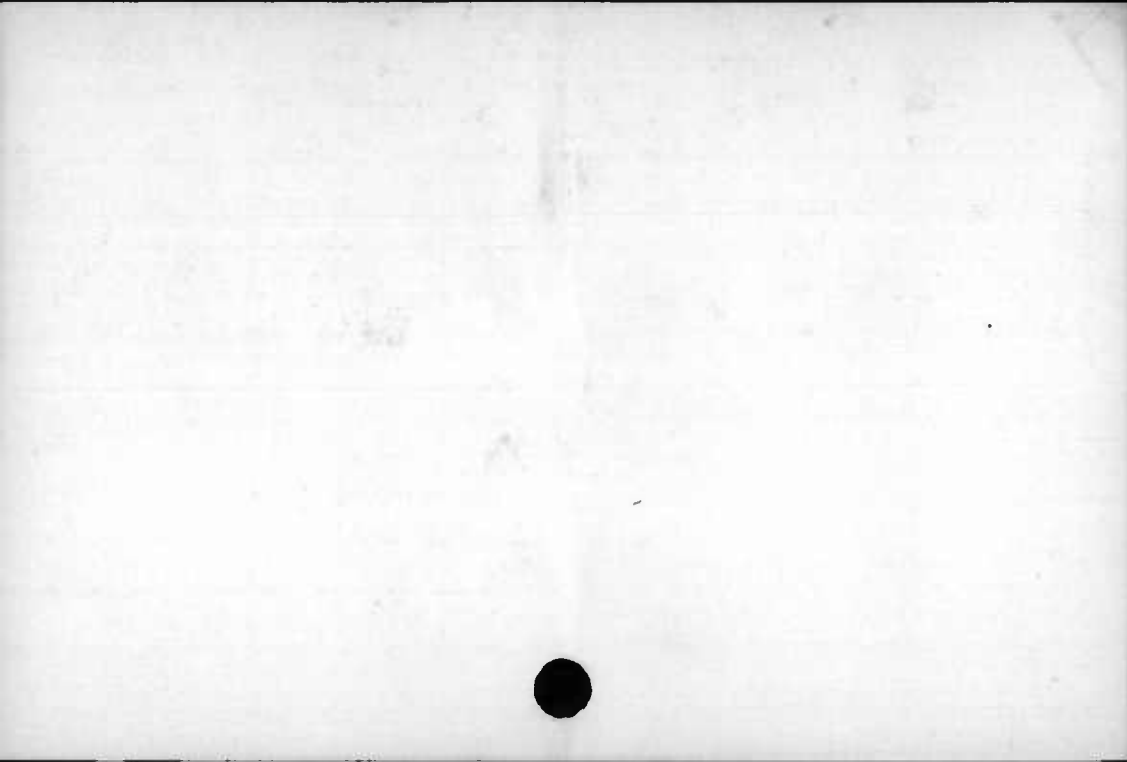
Died at <i>Bethesda</i> ^{Town}		<i>Montgomery</i> ^{County}		MARYLAND	
Date of death	1908	Month	3	Day	19
Age		26		Years	
Sex	<i>Female</i>		Color or Race	<i>white</i>	
Occupation	<i>House-wife</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband	<i>Walter H. Greenfield</i>	
Father's Name	<i>Joseph Edwards</i>		Father's Birthplace	<i>Virginia</i>	
Mother's Maiden Name	<i>Mollie Powell</i>		Mother's Birthplace	<i>Virginia</i>	
Name of person giving information	<i>Norman Edwards</i>		How related to deceased	<i>Brother</i>	

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<i>Pulmonary Tuberculosis</i>	How long	<i>3 months</i>
Immediate	<i>Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>John L. Lewis</i>	
		Address	
		<i>Bethesda, Md.</i>	
Accident or Suicide?			



Name
in
Full

Henry Hammond.

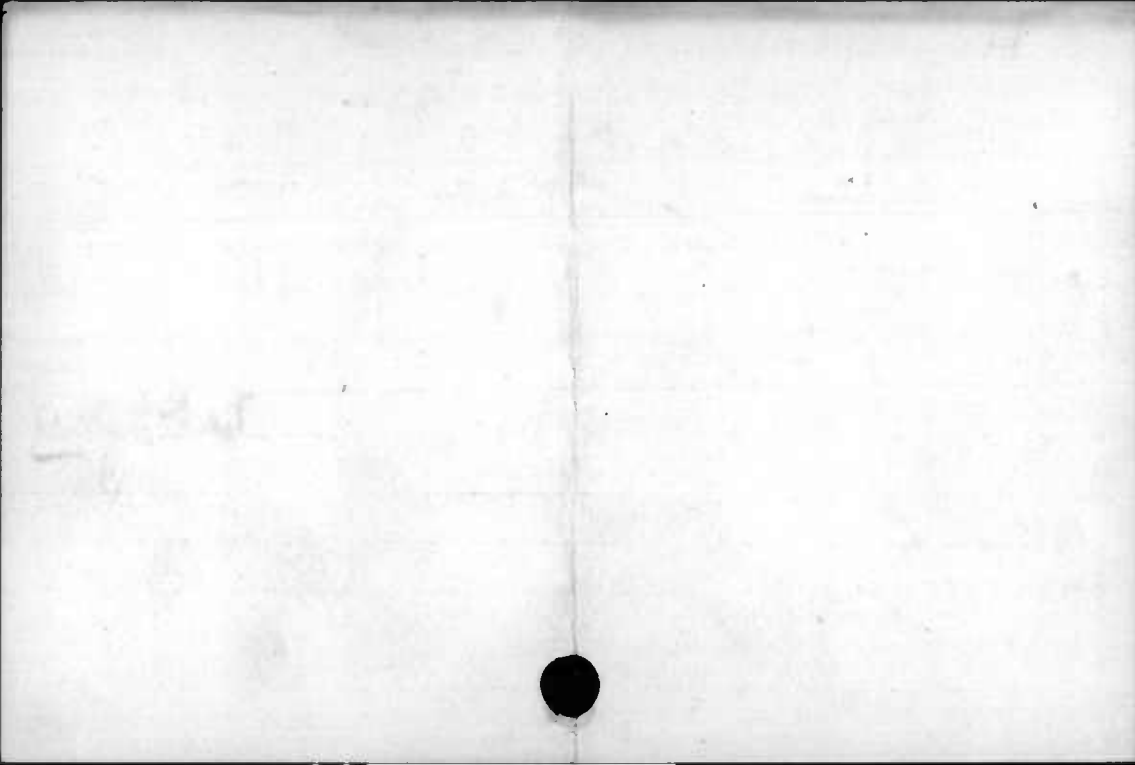
CERTIFICATE OF DEATH

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1908		March	3 rd or 4 th	60		0	0
Sex		Color or Race		Birth-place			
male		colored		North Carolina			
Occupation				Where Residing if not at place of death			
Laborer				Germantown, Md.			
Married, Single or Widowed		Name of Wife or Husband					
Widowed		Evelyn Higgins Hammond					
Father's Name		Father's Birthplace					
Not known		Not known					
Mother's Maiden Name		Mother's Birthplace					
Not known		Not known					
Name of person giving information				How related to deceased			
John Mason				Not any.			

CAUSES OF DEATH

64

PHYSICIAN OR CORONER	Primary	How long
	Immediate	How long
	Cerebral Hemorrhage Found dead.	
	Are the name, age, sex, color, date and place correctly given above? yes	
Signature of Physician		
J. N. Simpson		
Address		
Germantown Md.		
Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

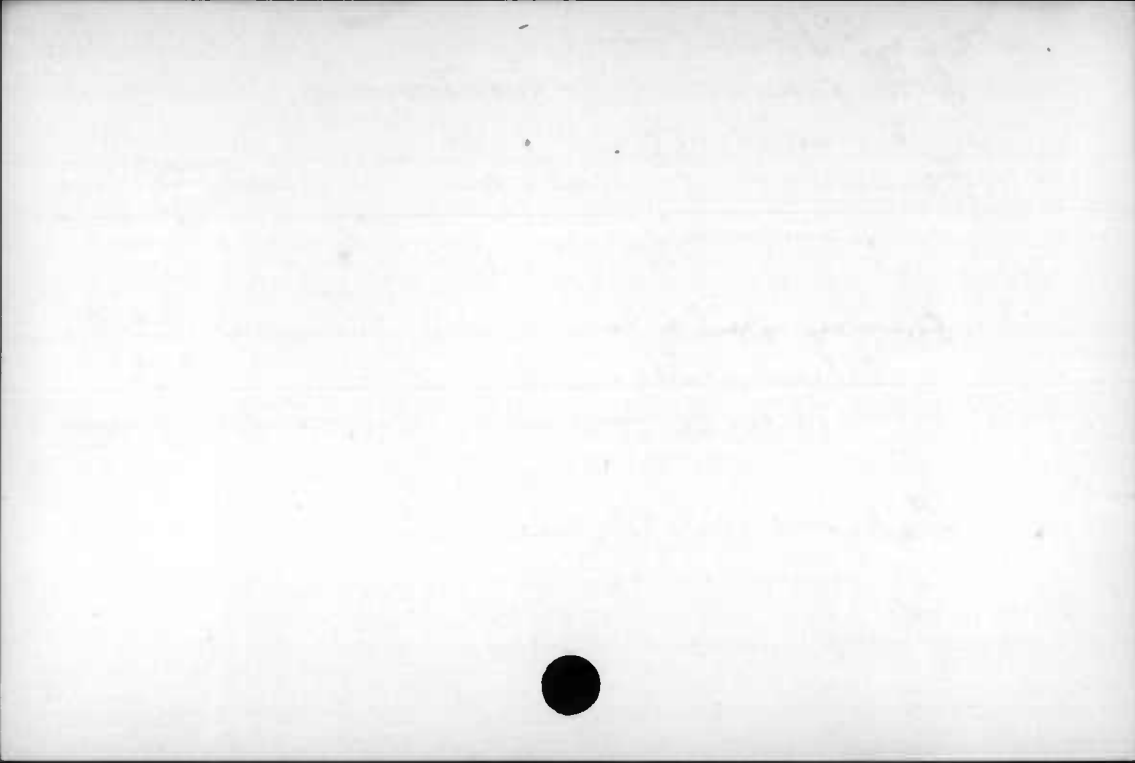
Died at		Town <i>Kennsington</i>		County <i>Montgomery</i>		MARYLAND		
Date of death		1908	Month <i>Mar</i>	Day <i>18</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>	Days <i>2</i>
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>MD</i>				
Occupation <i>—</i>				Where Residing if not at place of death <i>Same</i>				
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>						
Father's Name <i>Mitchell Hawkins</i>		Father's Birthplace <i>MD</i>						
Mother's Maiden Name <i>Bertha Wood</i>		Mother's Birthplace <i>MD</i>						
Name of person giving information <i>Mitchell Hawkins</i>		How related to deceased <i>father</i>						

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary <i>Innate</i>	How long <i>since birth</i>
Immediate <i>"</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. L. Lewis H. C.</i>
	Address <i>Kennsington</i>
Accident or Suicide? <i>No</i>	<i>MD</i>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

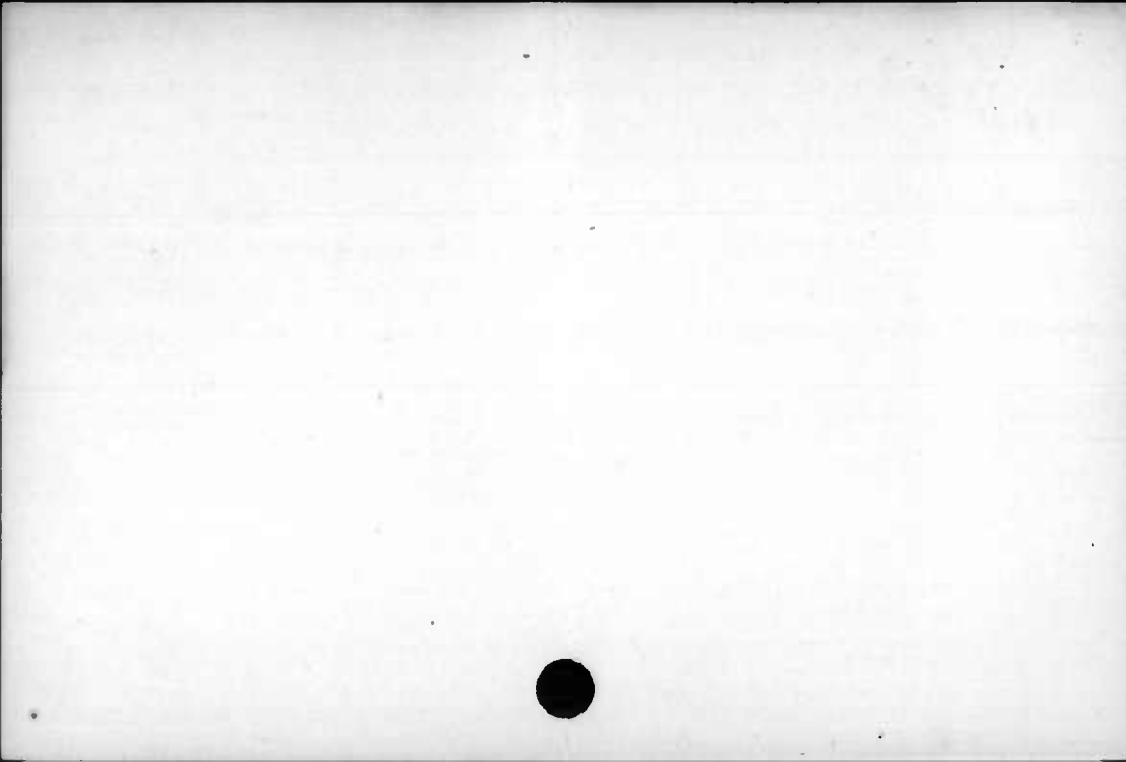
Died at <i>Birkersda</i> Town		County <i>Montgomery</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>3</i>	Day <i>18</i>	Years <i>2</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>white</i>	Birth place <i>Montg. Co. Md</i>			
Occupation <i>house</i>		Where Residing if not at place of death <input checked="" type="checkbox"/>			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>Harry Hill</i>		Father's Birthplace <i>Ohio</i>			
Mother's Maiden Name <i>Adelaide Hurdle</i>		Mother's Birthplace <i>D.C.</i>			
Name of person giving information <i>Adelaide Hill</i>		How related to deceased <i>mother</i>			

CAUSES OF DEATH

28

PHYSICIAN
OR CORONER

Primary <i>Tubercular Meningitis</i>	How long <i>2 weeks</i>
Immediate <i>Convulsions</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John L. Lewis, M.D.</i>
	Address <i>Birkersda Md</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

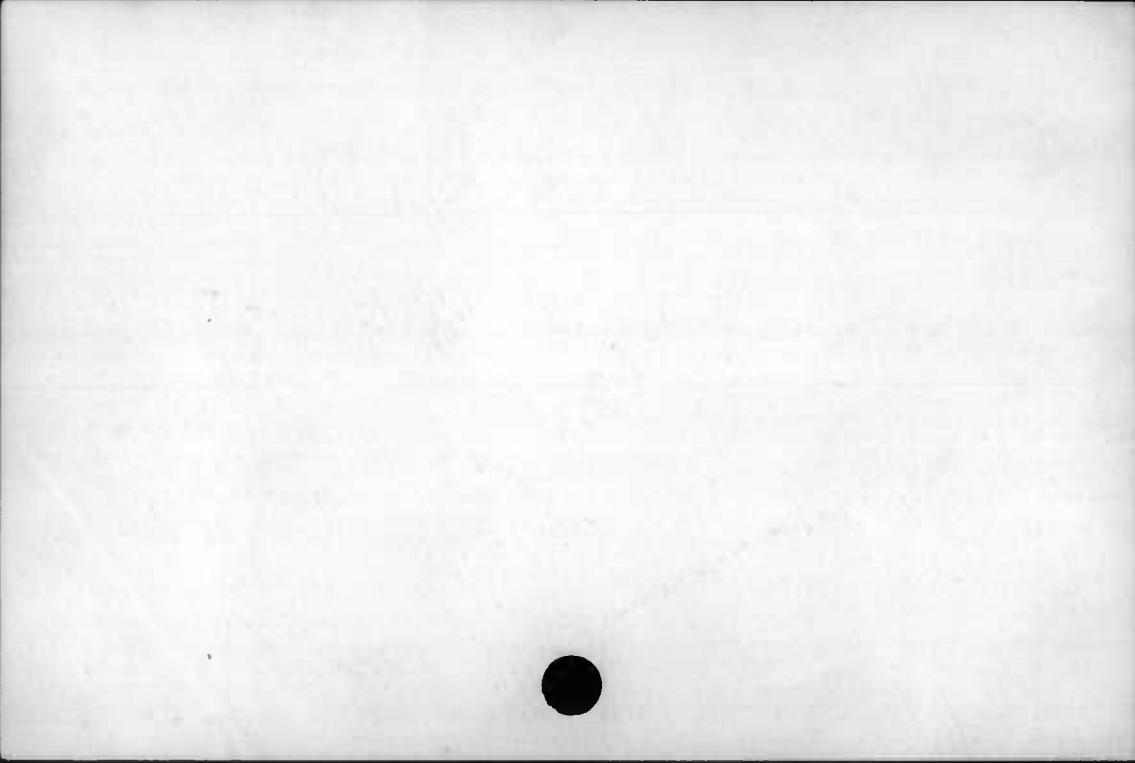
Name in Full		Latimore Thomas Skilton				Town		County		MARYLAND			
Died at		Derwood		Montgomery									
Date of death		1908	Month	March	Day	21st	Age	Years	72	Months	4	Days	22
Sex		Male		Color or Race		White		Birth-place		Damascus, Md			
Occupation		Retired farmer		Where Residing if not at place of death									
Married, Single or Widowed		Single		Name of Wife or Husband									
Father's Name		Waller Skilton		Father's Birthplace		Maryland							
Mother's Maiden Name		Fannie Scheskels		Mother's Birthplace		Maryland							
Name of person giving information		Fannie Clagett		How related to deceased		Niece							

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary		Bright's Disease		How long		9 years	
Immediate		Uræmic Exhaustion		How long		4 weeks	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Clairborne H. Mannat,			
		Address		Rockville,			
Accident or Suicide?		No		Maryland,			



Name
in
Full

Caroline Hopkins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

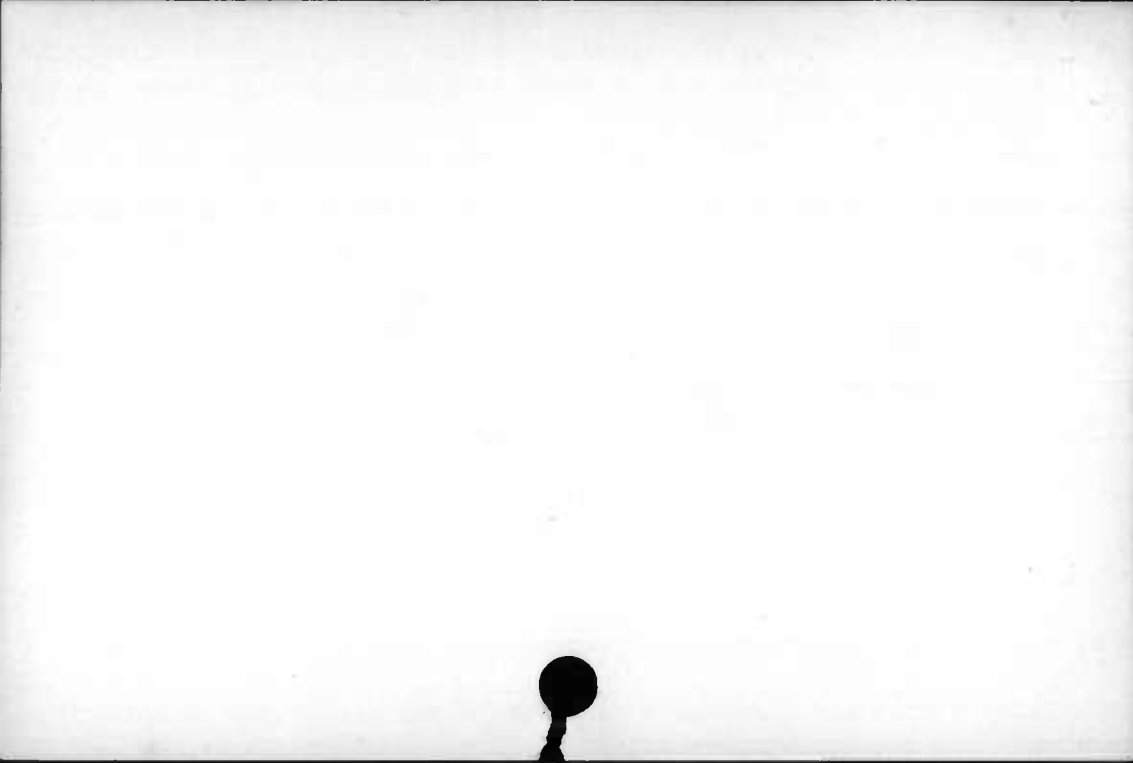
Died at <i>Sandy Spring</i> <small>Town</small>		<i>Montgomery</i> <small>County</small>		MARYLAND	
Date of death <i>1908</i>	<i>March</i> <small>Month</small>	<i>12</i> <small>Day</small>	Age <i>24</i> <small>Years</small>	<i>—</i> <small>Months</small>	<i>—</i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Montg. Co. Md.</i>		
Occupation <i>Cook</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>Levi Hopkins</i>			Father's Birthplace <i>Montg. Co. Md.</i>		
Mother's Maiden Name <i>Emma Helen Berry</i>			Mother's Birthplace <i>Montg. Co. Md.</i>		
Name of person giving information <i>Frank Hopkins</i>			How related to deceased <i>Brother</i>		

CAUSES OF DEATH

116

PHYSICIAN
OR CORONER

Primary <i>Peritoneal Inflammation</i>	How long <i>About 6 weeks</i>
Immediate <i>Asthenia</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Chas. Farquhar</i>
	Address <i>Olney, Md.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

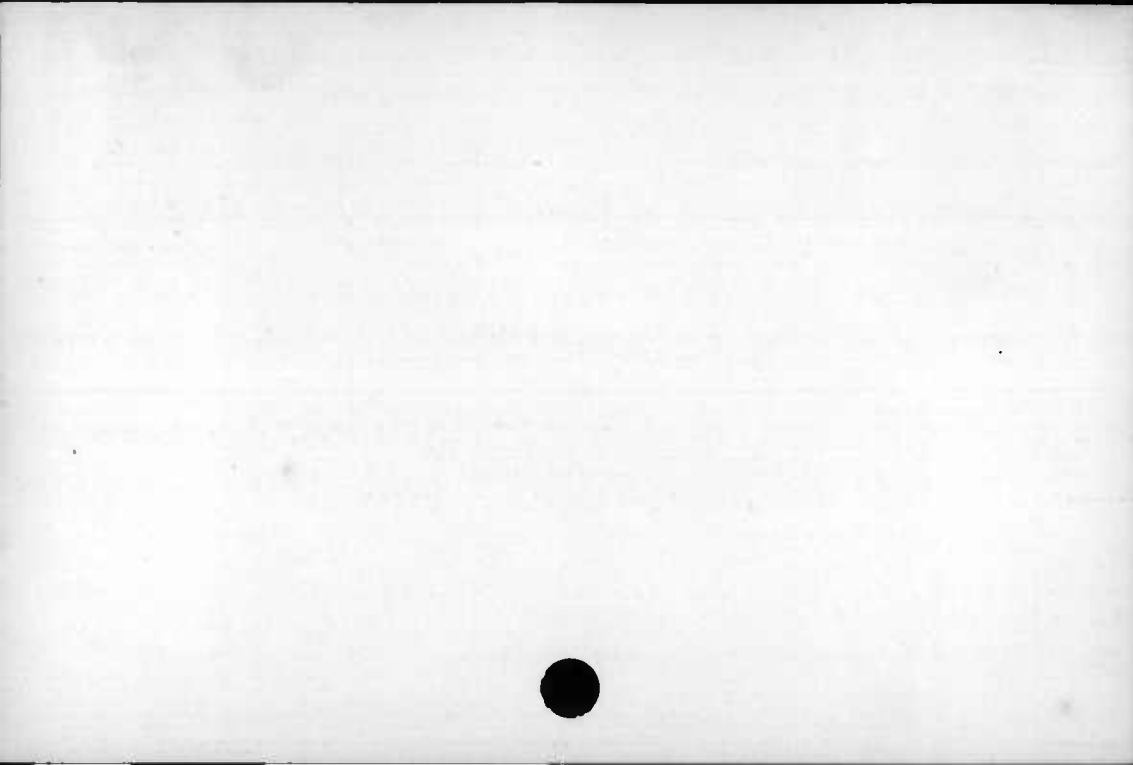
Name in Full <i>Robert J. Isherwood</i>		Town <i>near Derwood</i>		County <i>Montgomery</i>		MARYLAND	
Died at <i>near Derwood</i>		Month <i>3</i>		Day <i>29</i>		Years <i>78</i>	
Date of death <i>1908</i>		Month <i>3</i>		Day <i>29</i>		Age <i>78</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>D. C.</i>			
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>X</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Elizabeth Isherwood</i>					
Father's Name <i>Unknown</i>		Father's Birthplace <i>Unknown</i>					
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Unknown</i>					
Name of person giving information <i>Arthur Isherwood</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary <i>Paralysis</i>	How long <i>Three years</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Edward Anderson M.D.</i>
	Address <i>Rockville, Md.</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

Harriet Ann Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

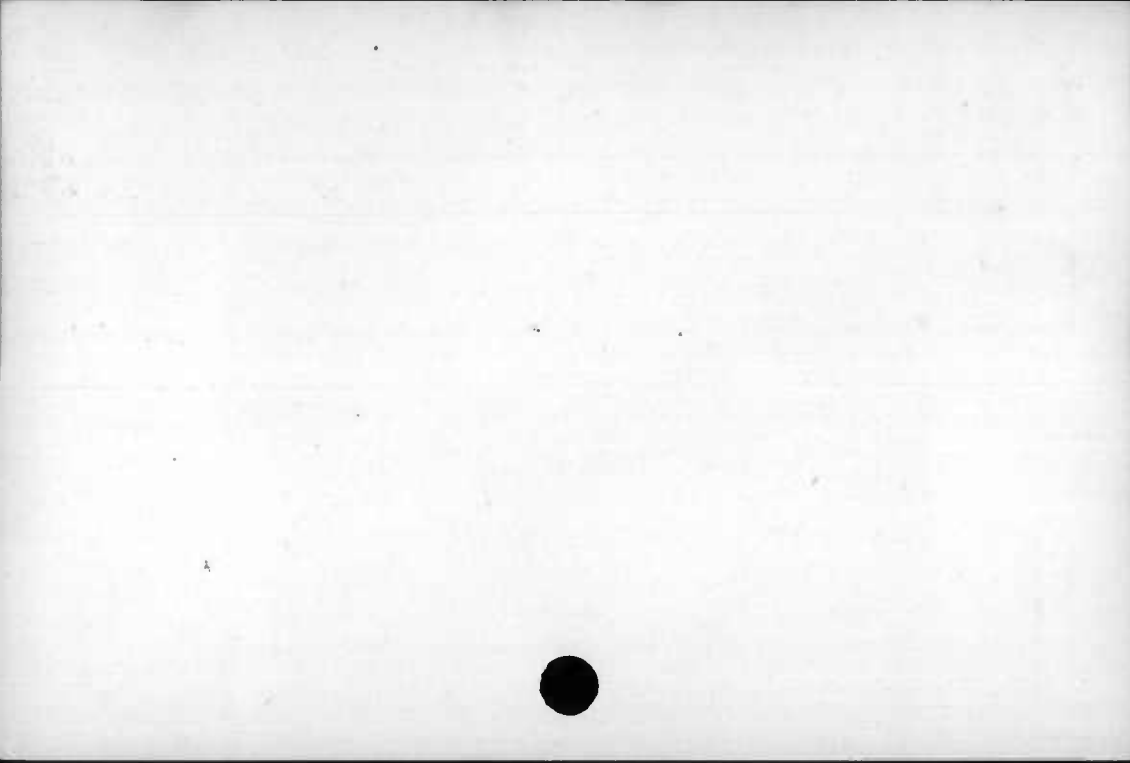
Died at <i>near Rockville</i>		Town <i>Rockville</i>		County <i>Montgomery</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>3</i>	Day <i>24</i>	Age <i>81</i>	Years <i>81</i>	Months	Days	
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Maryland</i>				
Occupation <i>None</i>	Where Residing if not at place of death <i>X</i>						
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>X</i>						
Father's Name <i>Unknown</i>	Father's Birthplace <i>Unknown</i>						
Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace <i>Unknown</i>						
Name of person giving information <i>William Rabbitt</i>	How related to deceased <i>Not at all</i>						

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary <i>Paralysis</i>	How long <i>One week</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Edward Anderson M.D.</i>
	Address <i>Rockville, Md.</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

Helen Marie Lawrence.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

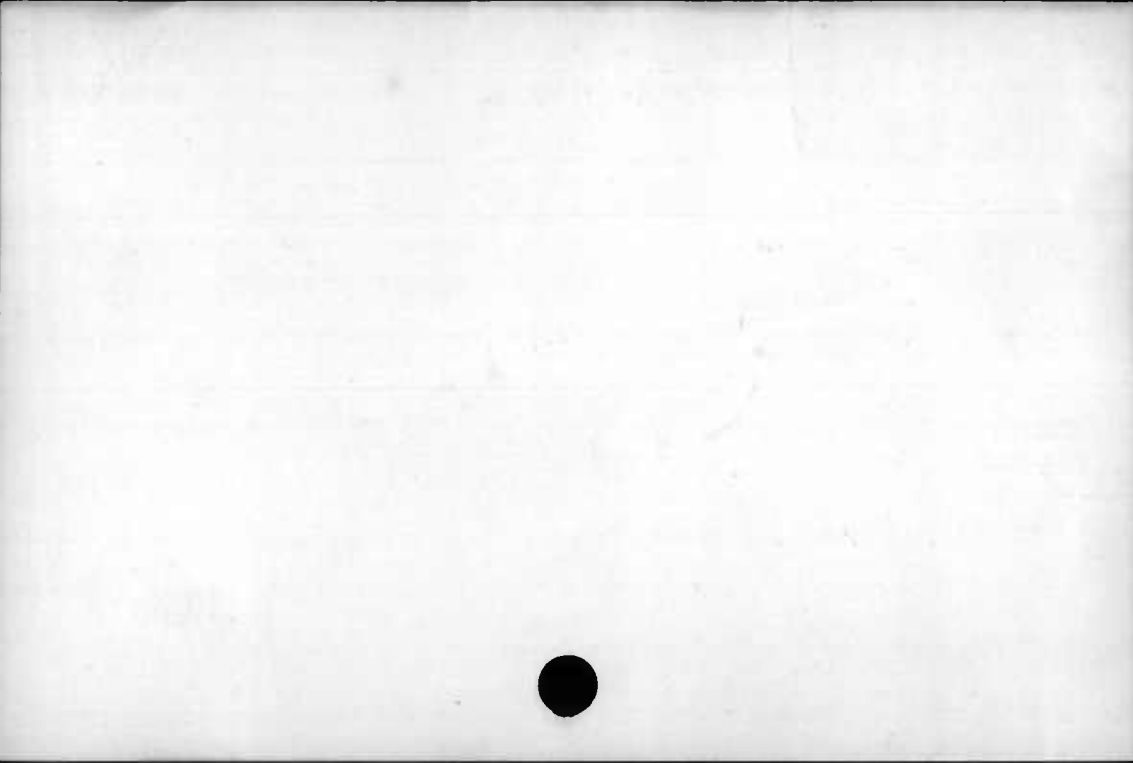
Died at <i>Takoma Park</i> <small>Town</small>		<i>Montgomery</i> <small>County</small>		MARYLAND	
Date of death <i>1908</i> <small>Year</small> <i>March</i> <small>Month</small> <i>27</i> <small>Day</small>		Age <i>Thirteen</i> <small>Years</small>		<i>two</i> <small>Months</small>	<i>11</i> <small>Days</small>
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Takoma Park</i>	
Occupation <i>Student</i>		Where Residing if not at place of death <i>Takoma Park</i>			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>William Henry Lawrence</i>		Father's Birthplace <i>Salt Lake City Utah</i>			
Mother's Maiden Name <i>Gracia Ford</i>		Mother's Birthplace " " " "			
Name of person giving information <i>Mrs Cherry Ford Donaldson</i>		How related to deceased <i> aunt</i>			

CAUSES OF DEATH

166

PHYSICIAN
OR CORONER

Primary	<i>Shock from injuries from a fall -</i>	How long	<i>7 hours -</i>
Immediate	<i>/</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Lauretta E. Kuss M.D.</i>	
<i>Yes -</i>		Address <i>Takoma Park - D.C.</i>	
Accident or Suicide?		<i>Washington D.C.</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

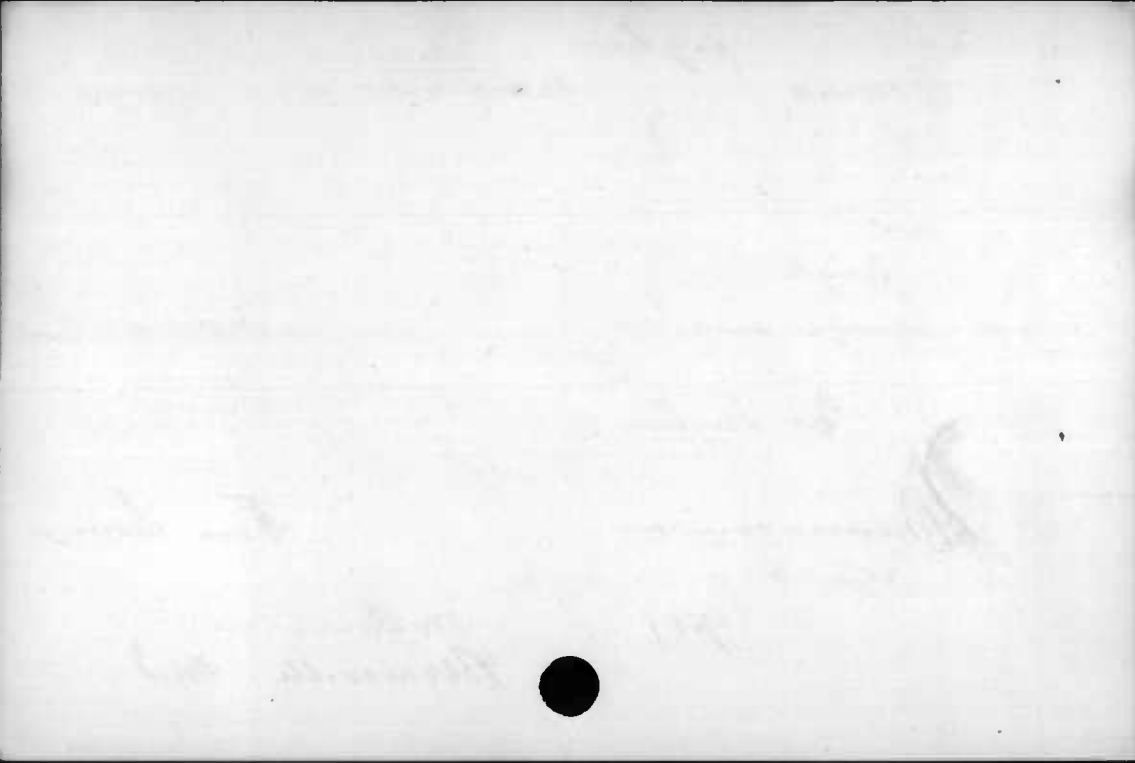
Name in Full <i>Annie Love</i>		Town <i>Donist Pond</i>		County <i>Montgomery</i>		MARYLAND	
Died at <i>her Donist Pond</i>		Month <i>Feb</i>		Day <i>21</i>		Years <i>49</i>	
Date of death <i>1908</i>		Month <i>Feb</i>		Day <i>21</i>		Age <i>49</i>	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>2A</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>X</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Annie Love</i>					
Father's Name <i>Unknown</i>		Father's Birthplace <i>Unknown</i>					
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Unknown</i>					
Name of person giving information <i>Maud Love</i>		How related to deceased <i>Sister</i>					

CAUSES OF DEATH

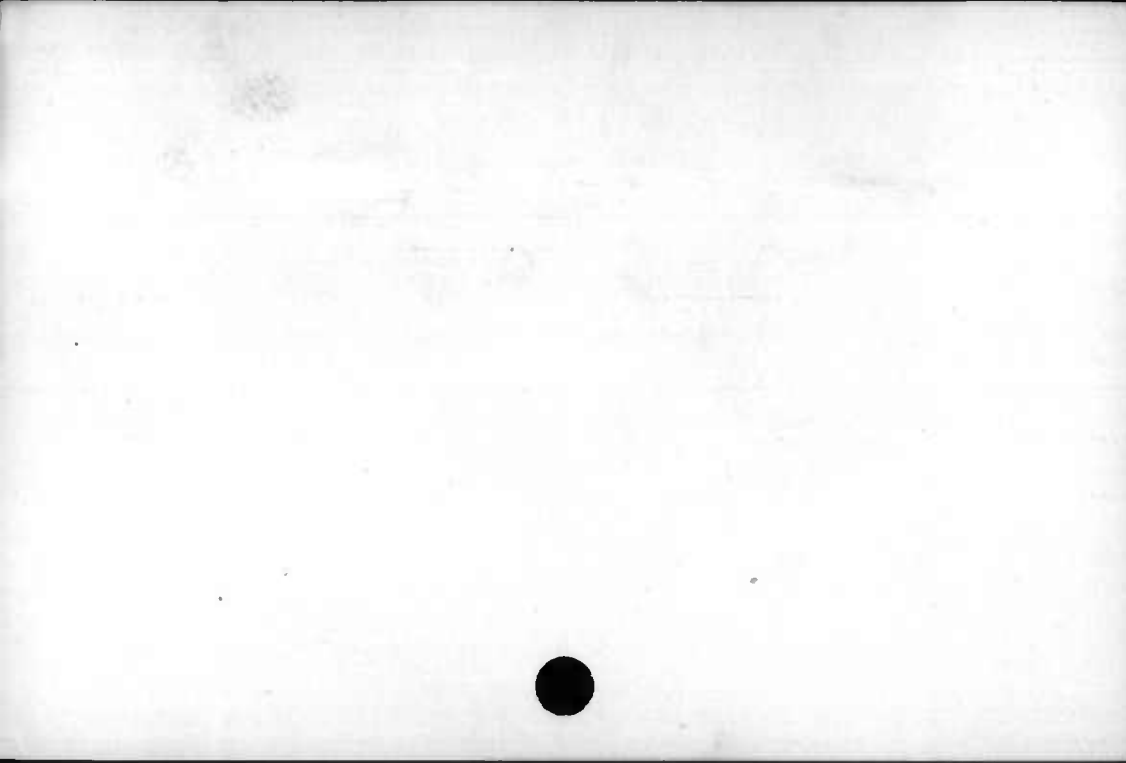
61

PHYSICIAN
OR CORONER

Primary <i>Myocarditis</i>	How long <i>2 weeks</i>
Immediate <i>Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>O. M. Smith</i>
	Address <i>Roadville</i>
Accident or Suicide? <i>no</i>	<i>Med</i>



Name in Full		Gladys Luehen				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town		County	
		Cornus		Montgomery		MARYLAND	
		Date of death		Month		Day	
		1908		March		29	
		Age		Years		Months	
		9		5			
		Sex		Color or Race		Birth-place	
Female		white		Cornus Md			
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Single							
Father's Name		Father's Birthplace					
George Luehen		Berkerson Md					
Mother's Maiden Name		Mother's Birthplace					
Mary Reed		Barnsville Md					
Name of person giving information		How related to deceased					
G L Luehen		Father					
		CAUSES OF DEATH		93			
PHYSICIAN OR CORONER		Primary		How long			
		Pneumonia		Five hours			
		Immediate		How long			
		Heart failure					
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Address	
yes		J. H. Stoner		Barnsville Md			
Accident or Suicide?							



Name
in
Full

Rose Anna Money

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

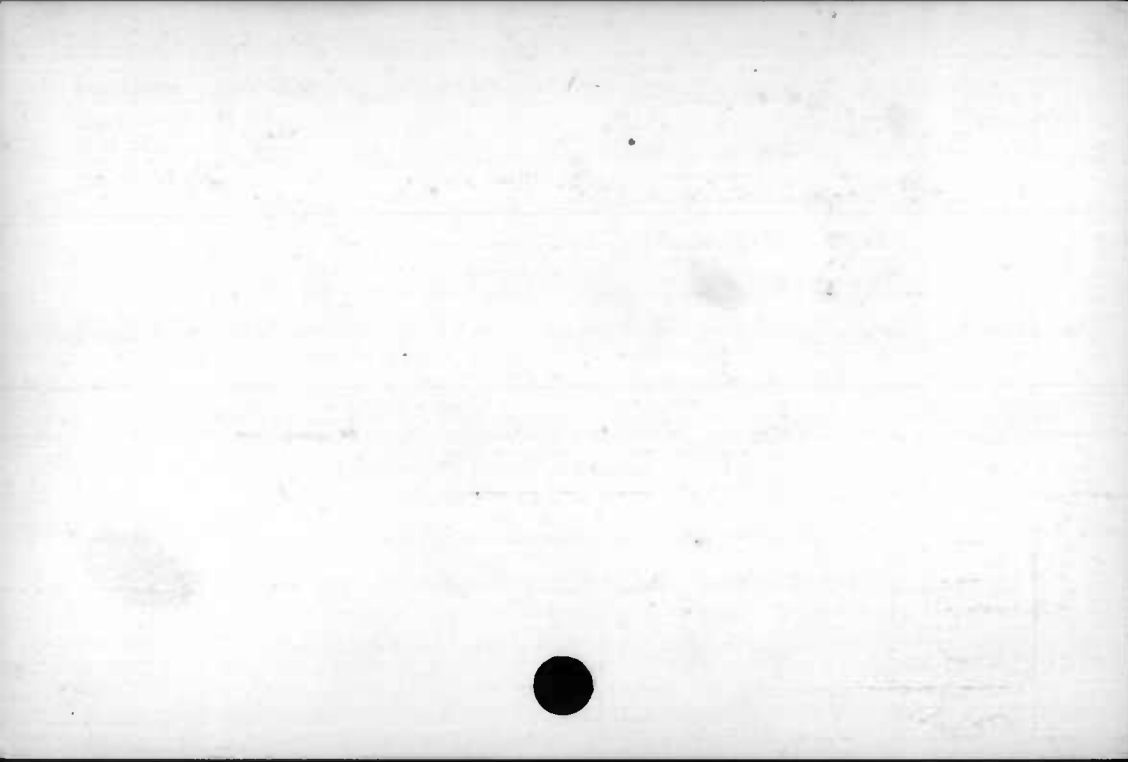
Died at		Town Poolesville		County Montgomery		MARYLAND	
Date of death		1908	Month March	Day Third	Age 74	Years 4	Months 18
Sex Female		Color or Race White		Birth-place Poolesville			
Occupation Housekeeping		Where Residing if not at place of death Poolesville					
Married, Single or Widowed Widow		Name of Wife or Husband James H. Money					
Father's Name Thomas Jarvis		Father's Birthplace Virginia					
Mother's Maiden Name Elizabeth Pierce		Mother's Birthplace Poolesville					
Name of person giving information Frank J. Money		How related to deceased Son					

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary	Pneumonia	How long	5 days
Immediate	Cardiac asthma	How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician E. W. White		Address Poolesville, Md.	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

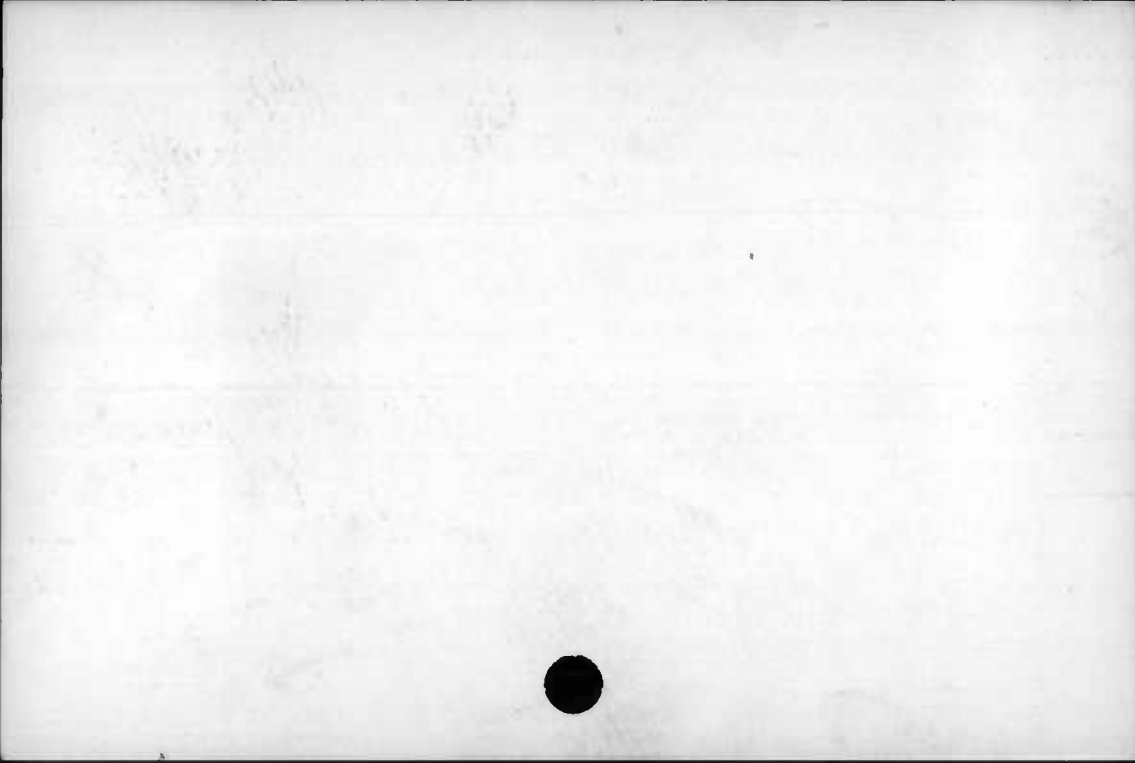
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Town</i> <u>Danvers</u> <i>County</i> <u>Murphy</u>		State <u>MARYLAND</u>	
Date of death	<u>1908</u> <i>Month</i> <u>March</u> <i>Day</i> <u>14</u>	Age <u>1</u> <i>Years</i> <u>—</u> <i>Months</i> <u>—</u> <i>Days</i> <u>3</u>	
Sex <u>Male</u>	Color or Race <u>Black</u>	Birth- place <u>Ind</u>	
Occupation <u>None</u>	Where Residing if not at place of death <u>Same</u>		
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>—</u>		
Father's Name <u>R. Murphy</u>	Father's Birthplace <u>Ind</u>		
Mother's Maiden Name <u>Matie Murphy</u>	Mother's Birthplace <u>Ind</u>		
Name of person giving information <u>Eli Lancaster</u>	How related to deceased <u>Stepfather</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Caps Pneumonia</u>	How long <u>(90) 10 days</u>
Immediate	<u>Caps Pneumonia</u>	How long <u>10 days</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician <u>Eugene Jones</u>
	Address <u>Birmingham</u>	
Accident or Suicide?	<u>No</u>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Lucinda Norris

Died at ^{Town} near Rockville

County Montgomery

MARYLAND

Date
of death 1908

Month 3

Day 4

Age 88

Months 5

Days

Sex Female

Color or
Race ColoredBirth-
place Maryland

Occupation

None

Where Residing if not
at place of death

X

Married, Single
or Widowed

Widow

Name of Wife or
Husband

Hanson Norris

Father's
Name

Joseph Morrison

Father's
Birthplace

Maryland

Mother's
Maiden Name

Mintie Brooks

Mother's
Birthplace

Maryland

Name of person giving
information

Mary Carroll

How related
to deceased

Granddaughter

CAUSES OF DEATH

154

Primary

Senile Debility

How long

Three years

Immediate

Same

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Edward Anderson M.D.

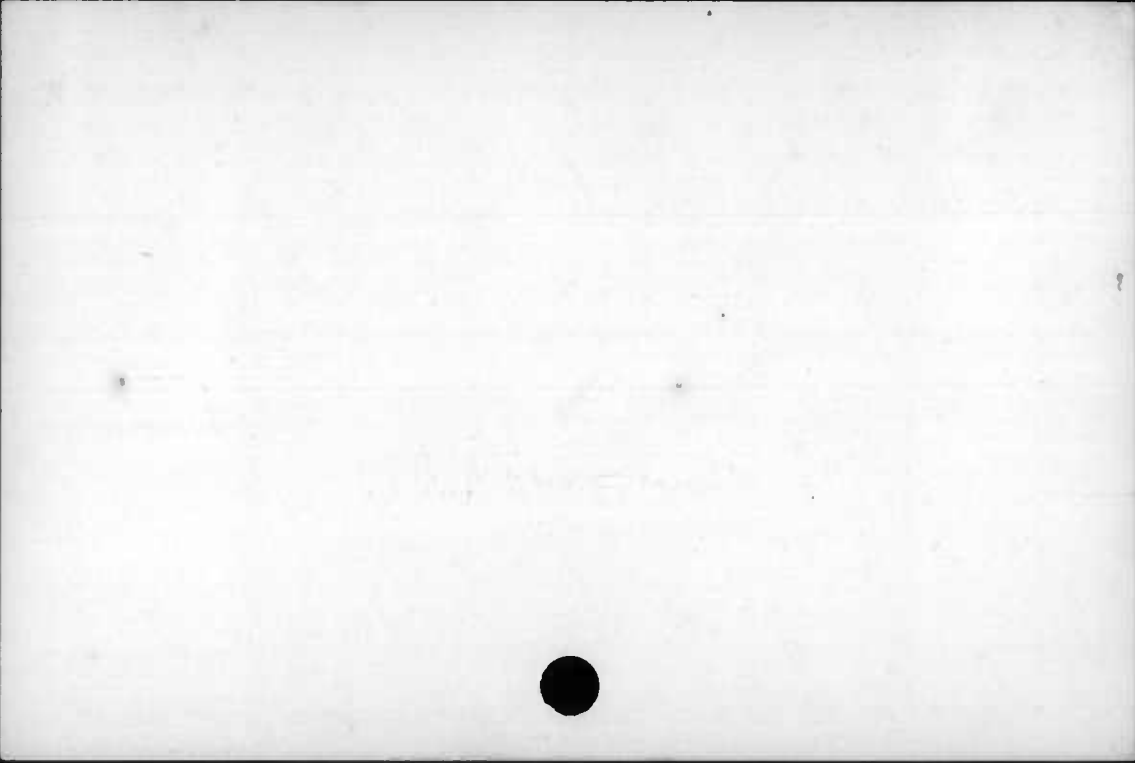
Address

Rockville Md.

Accident or Suicide?

No

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Joseph Nugent</i>		Town <i>near Rockville</i>		County <i>Montgomery</i>		MARYLAND	
Died <i>near Rockville</i>		Month <i>3</i>		Day <i>29</i>		Years <i>46</i>	
Date of death <i>1908</i>		Month <i>3</i>		Day <i>29</i>		Age <i>46</i>	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Maryland</i>		Months <i>—</i>	
Occupation <i>Laborer</i>		Where Residing if not at place of death <i>X</i>		Days <i>—</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>X Ella Davis</i>					
Father's Name <i>Benjamin Nugent</i>		Father's Birthplace <i>Unknown</i>					
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Unknown</i>					
Name of person giving information <i>Ferdinand Nugent</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>Five years</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Edward Anderson M.D.</i>
	Address <i>Rockville, Md.</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Podersville</i> Town		<i>Podersville</i> County		MARYLAND	
Date of death	<i>1908</i>	Month	<i>March</i>	Day	<i>13</i>
Age		Years		Months	Days
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Podersville</i>
Occupation			Where Residing if not at place of death		
<i>none</i>					
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			Father's Birthplace		
<i>Benjamin F. Poole</i>			<i>Rockville Md</i>		
Mother's Maiden Name			Mother's Birthplace		
<i>Mary Louise Poole</i>			<i>Podersville</i>		
Name of person giving information			How related to deceased		
<i>Effie Poole</i>			<i>Grand Mother</i>		

Very quick birth - Cord around throat.

CAUSES OF DEATH

152

PHYSICIAN
OR CORONER

Primary	<i>Strangulation. Cord around throat.</i>	How long	
Immediate	<i>Throat.</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>R. I. Scott</i>	
Suffocated it before physician reached the house.		Address	
		<i>Podersville Md</i>	
Accident or Suicide?			



Name
in
Full

Mary Anna Rudd

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1908		Mar	2	Age	62		
Sex	Female		Color or Race	White		Birth-place	D.C.
Occupation	None		Where Residing if not at place of death		Same		
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	James Rudd				Father's Birthplace	Va	
Mother's Maiden Name	Vulinda McCloud				Mother's Birthplace	N. Y.	
Name of person giving information	Mrs Fairman				How related to deceased	Niece	

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis	How long	10 yrs -
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		W. L. Davis	
		Address	
		Hinsworth	
Accident or Suicide?			
No			



Name
in
Full

Ottilie Schmitz

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Rock Spring</i> ^{Town}		<i>Montgomery</i> ^{County}		MARYLAND	
Date of death <i>1908</i>	Month <i>March</i>	Day <i>5</i>	Age <i>43</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>female</i>	Color or Race <i>white</i>		Birth-place <i>Germany</i>		
Occupation <i>house wife</i>	Where Residing if not at place of death <i>Rock Spring</i>				
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>John L Schmitz</i>				
Father's Name <i>Frederick Maenlin</i>	Father's Birthplace <i>Unknown</i>				
Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace <i>Unknown</i>				
Name of person giving Information			How related to deceased		

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>One year</i>
Immediate <i>Heart Failure</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Anthony M. Bay MD</i>
	Address <i>Sennady town Va</i>
Accident or Suicide?	



in
Full

Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

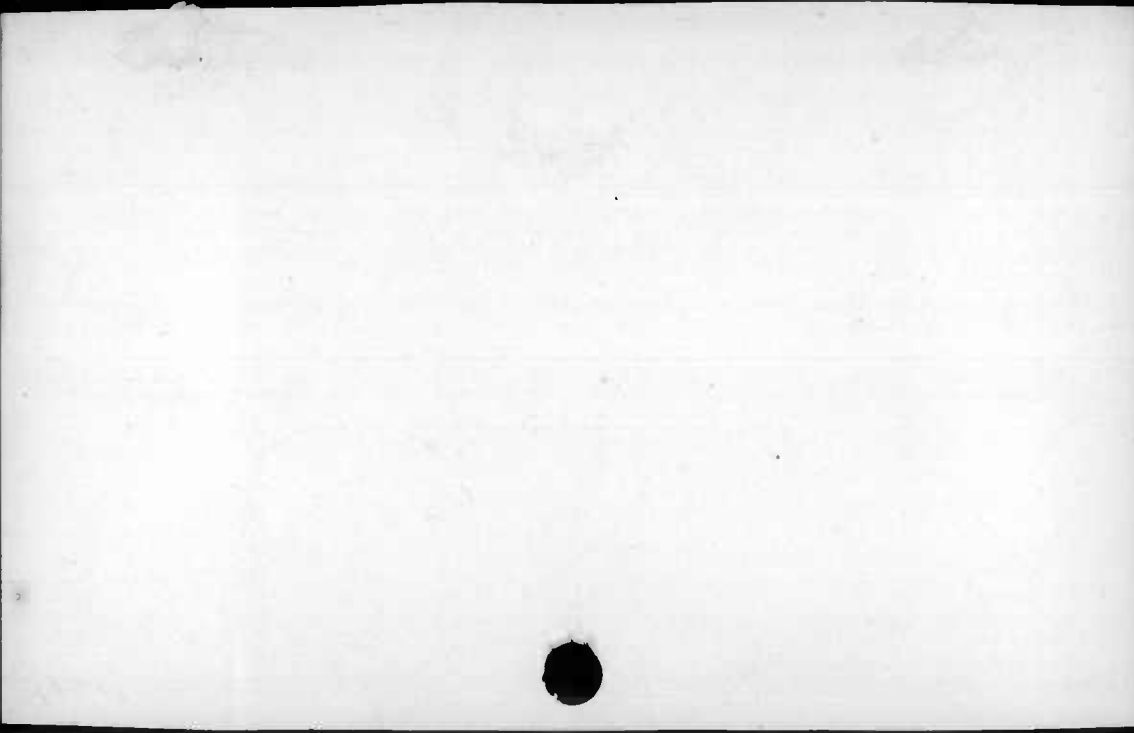
Died at <i>Norbred</i> Town		<i>Montgomery</i> County		MARYLAND	
Date of death <i>1908</i>	Month <i>3rd</i>	Day <i>9th</i>	Age <i>0</i>	Years <i>7</i>	Months <i>X</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Ind</i>		
Occupation <i>X</i>			Where Residing if not at place of death <i>X</i>		
Married, Single or Widowed <i>X</i>			Name of Wife or Husband <i>X</i>		
Father's Name <i>Thos Smith</i>			Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Carrie Smith</i>			Mother's Birthplace <i>Ind</i>		
Name of person giving information <i>Carrie Smith</i>			How related to deceased <i>Mother</i>		

CAUSES OF DEATH

(93)

PHYSICIAN
OR CORONER

Primary <i>Labor Pneumonia</i>	How long <i>4 days</i>
Immediate <i>Exhaustion</i>	How long <i>X</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>A. M. Luthien</i>
	Address <i>Roadville Ind</i>
Accident or Suicide?	



Name in Full **Albert Emery Alexander Snowden**

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

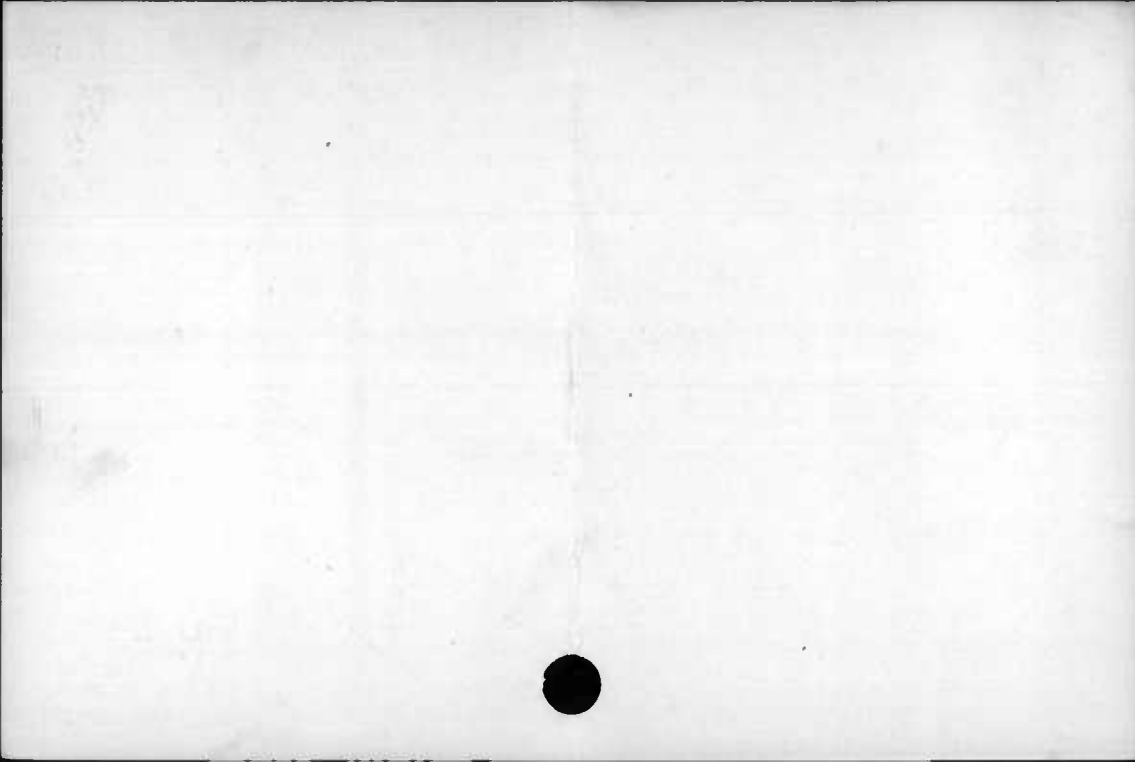
Died at Near Silver Spring		Town Montgomery		County	
Date of death 1908	Month March	Day 21st	Age 67	Years	Months
Sex Male		Color or Race Black		Birth-place Lafayette, Montgomery Co. Md.	
Occupation Laborer		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or husband Charlotte Snowden			
Father's Name Isaac Snowden		Father's Birthplace Maryland			
Mother's Maiden Name Unknown		Mother's Birthplace Maryland			
Name of person giving information Mrs. Charlotte Taylor		How related to deceased Daughter			

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary	Appears to have been acute indigestion	How long	Few hours
Immediate	" " " " Heart failure	How long	2 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Lewis B. Thomson	
Yes		Address Silver Spring Md.	
Neither			
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

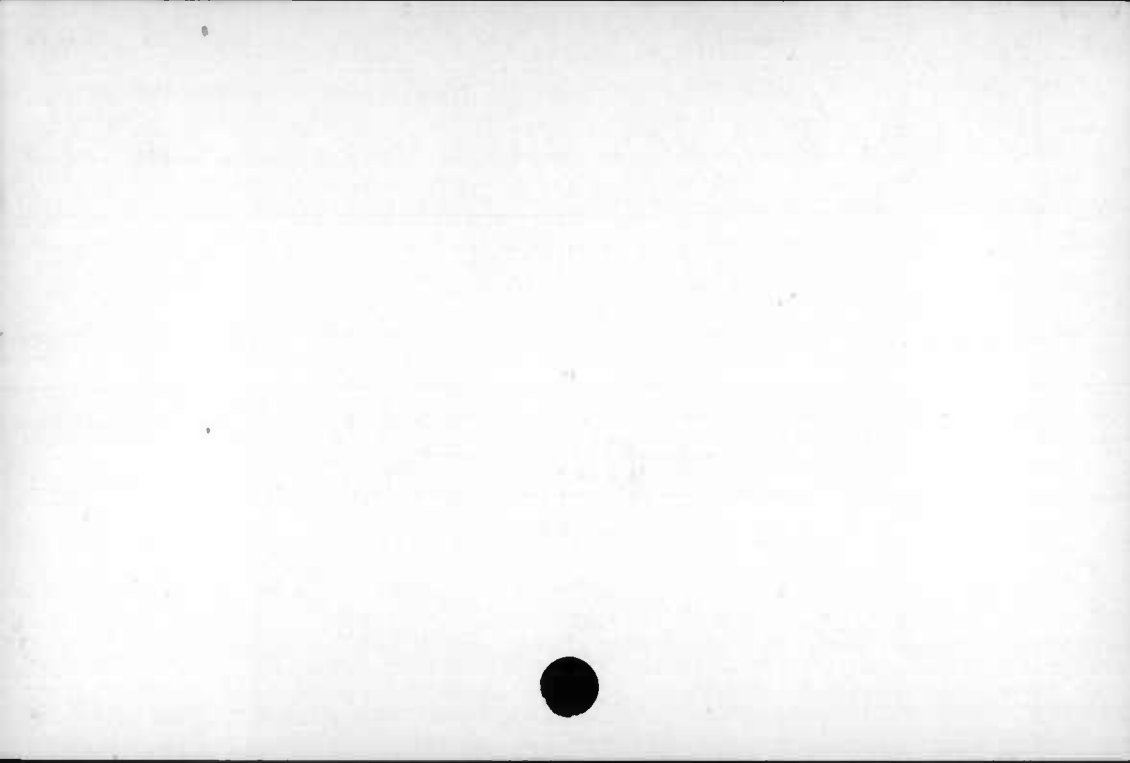
Died at <i>Sandy Spring</i> Town		<i>Thomas</i> County		MARYLAND	
Date of death	<i>1908</i>	Month <i>March</i>	Day <i>6th</i>	Age <i>—</i>	Years <i>—</i> Months <i>—</i> Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Montg. Co., Md.</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>James Marshall Thomas</i>		Father's Birthplace <i>Montg. Co., Md.</i>			
Mother's Maiden Name <i>Fannie White</i>		Mother's Birthplace <i>Virginia</i>			
Name of person giving information <i>Lydia Thomas</i>		How related to deceased <i>Grandmother.</i>			

CAUSES OF DEATH

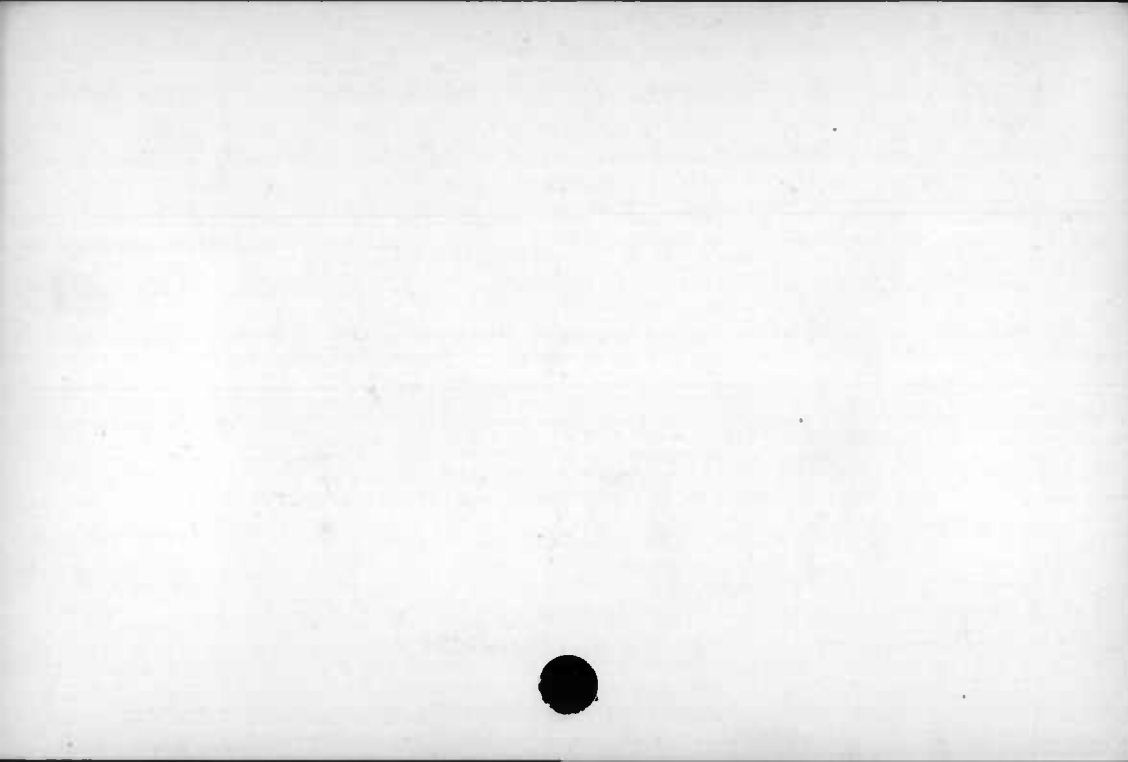
151

PHYSICIAN
OR CORONER

Primary	<i>Premature & ill developed.</i>	How long <i>—</i>
Immediate		How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician <i>Chas. Farguehan.</i>
		Address <i>Olney, Md.</i>
Accident or Suicide?		



Name In Full		Henry Thomas				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>near Rockville</i>		Town <i>Montgomery</i>		County		
		Date of death <i>1908</i>		Month <i>3</i>	Day <i>18</i>	Years <i>80</i>	Months	Days
		Sex <i>Male</i>		Color or Race <i>Mulatto</i>		Birth-place <i>Virginia</i>		
		Occupation <i>None</i>		Where Residing if not at place of death <i>X</i>				
		Married, Single or Widowed <i>Widower</i>		Name of Wife or Husband <i>Don't know</i>				
		Father's Name <i>Don't know</i>		Father's Birthplace <i>Virginia</i>				
Mother's Maiden Name <i>Don't know</i>		Mother's Birthplace <i>Virginia</i>						
Name of person giving information <i>William Rabbett</i>		How related to deceased <i>Not at all</i>						
		CAUSES OF DEATH				(179)		
PHYSICIAN OR CORONER		Primary <i>Senile Debility</i>		How long <i>One year</i>				
		Immediate		How long				
		Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Edward Anderson M.D.</i>		Address <i>Rockville, Md.</i>		
		Accident or Suicide? <i>No</i>						



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Emory Grove</i> ^{Town}		<i>Montg</i> ^{County}		MARYLAND	
Date of death <i>1904</i>	<i>3</i> ^{Month}	<i>20</i> ^{Day}	<i>50</i> ^{Years}	<i>—</i> ^{Months}	<i>—</i> ^{Days}
Sex <i>Female</i>	Color or Race <i>Colored</i>	Birth-place <i>W.D.</i>			
Occupation <i>House Wife</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>John Thompson</i>				
Father's Name <i>Not Known</i>	Father's Birthplace <i>"</i>		Mother's Birthplace <i>"</i>		
Mother's Maiden Name <i>"</i>	Name of person giving information <i>John Thompson</i>		How related to deceased <i>Husband</i>		
CAUSES OF DEATH					

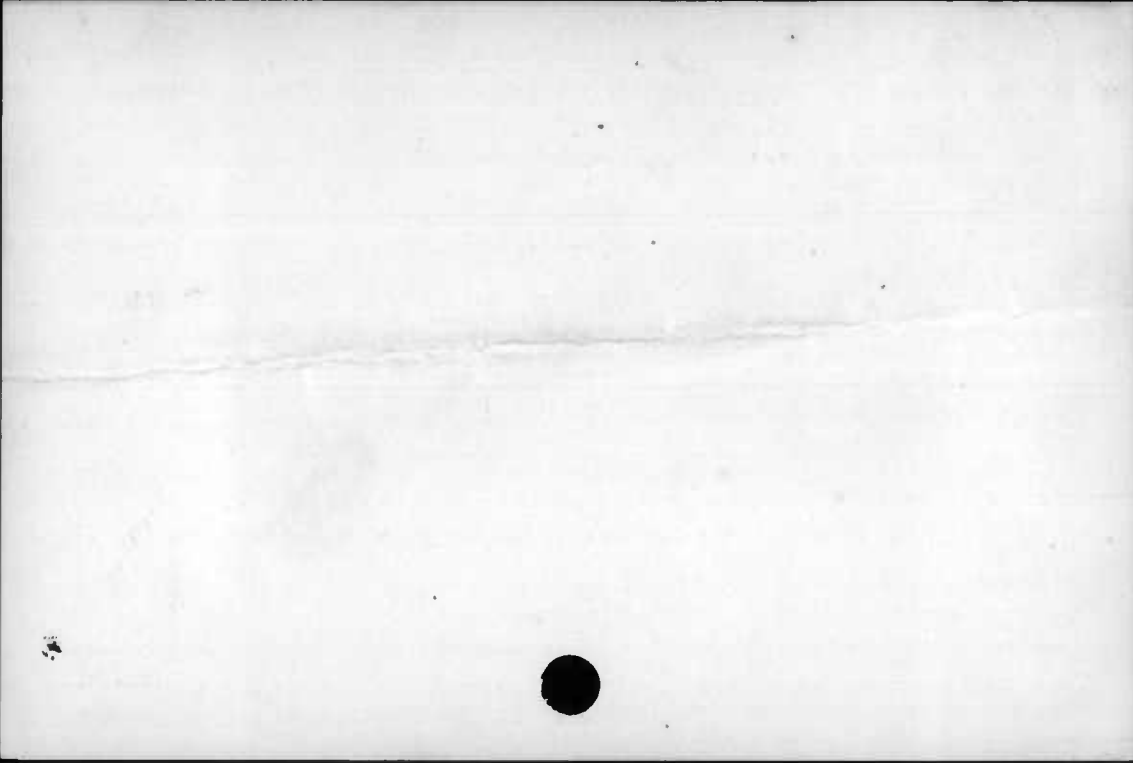
PHYSICIAN
OR CORONER

Primary <i>Paralysis</i>	How long <i>10 months</i>
Immediate <i>Paralysis</i>	How long <i>10 months</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>E.H. Etchison</i>
	Address <i>Gaithersburg Md</i>
Accident or Suicide?	

$$\begin{array}{r} 622 \\ \hline 124 \end{array}$$

$$\begin{array}{r} 249 \\ 124 \\ \hline 373 \end{array}$$

Name In Full		Certificate of Death			
Perry K Thurston Jr		Town Friendship, Md		County Montgomery	
Died at		Date of death		Maryland	
1908		March 1st		Age 4	
Sex Male		Color or Race White		Birth-place D. C.	
Occupation none		Where Residing if not at place of death Friendship		Months — Days —	
Married, Single or Widowed Single		Name of Wife or Husband		Father's Birthplace Pa	
Father's Name Perry K. Thurston		Mother's Maiden Name Eva Renter		Mother's Birthplace Pa	
Name of person giving information Perry K. Thurston		How related to deceased		Farther	
CAUSES OF DEATH					
Primary Rickets & Adenoids		How long		Three years	
Immediate Pulmonary embolism & cardiac failure		How long		Twenty-four hours	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician W. R. Moulton		Address Friendship Heights, Md.	
Accident or Suicide?					



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

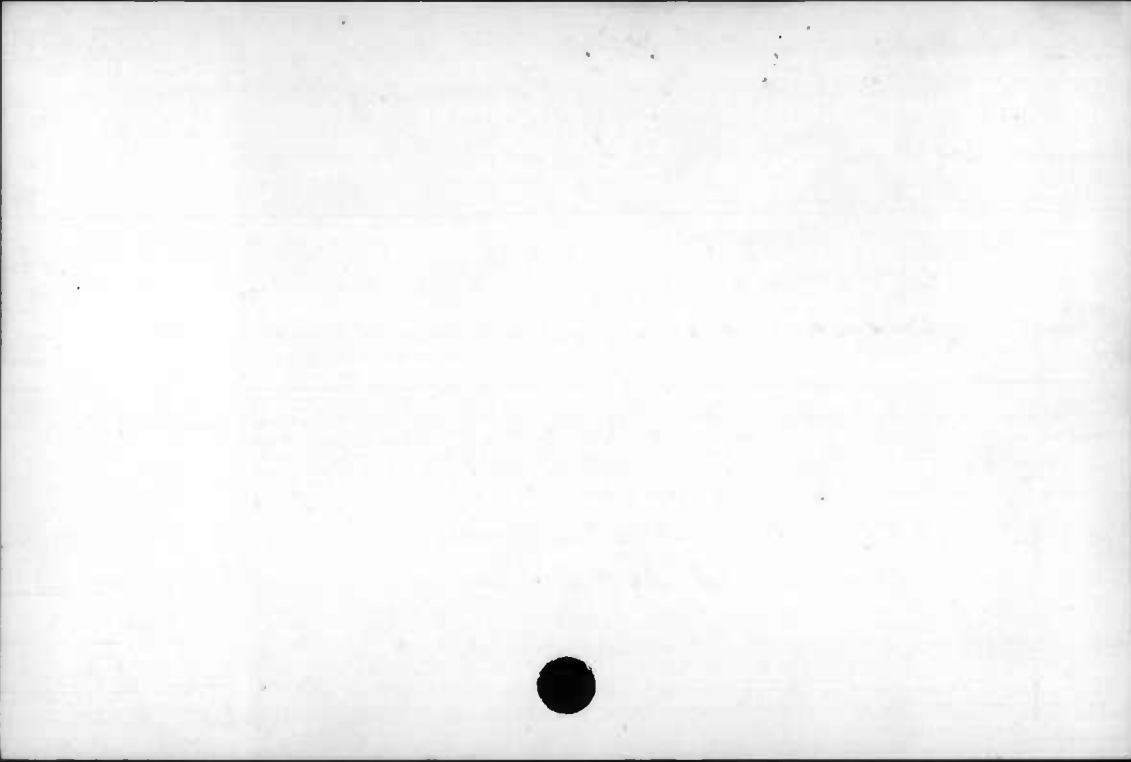
Name in Full <i>Hannah E. Trucheffely</i>		Town <i>Darman</i>		County <i>Montgomery</i>		MARYLAND	
Died at <i>Darman</i>							
Date of death <i>1908</i>		Month <i>3</i>		Day <i>5</i>		Age <i>41</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Washington & Md.</i>		Months <i>—</i> Days <i>—</i>	
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>—</i>					
Married, Single <i>Single</i>		Name of Wife or Husband <i>Wm. B. Trucheffely</i>					
Father's Name <i>Jas. Dunn</i>		Father's Birthplace <i>Md.</i>					
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Unknown</i>					
Name of person giving information <i>U. D. Nourse</i>		How related to deceased <i>Nour.</i>					

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

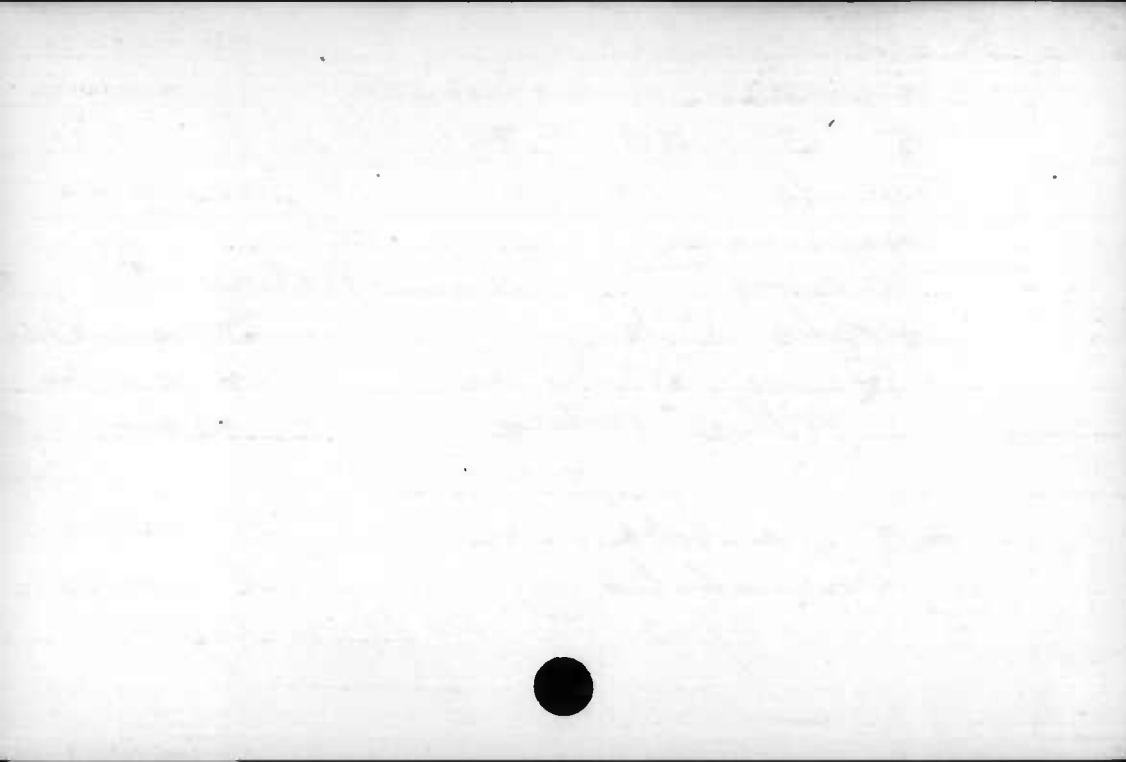
Primary <i>Pulmonary Tuberculosis</i>	How long <i>2 yrs.</i>
Immediate <i>Asthma</i>	How long <i>12 hrs.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>U. D. Nourse</i>
	Address <i>Darmanville Md.</i>
Accident or Suicide? <i>—</i>	<i>Premises disinfected</i>



Name <i>Jesse Viers</i>		CERTIFICATE OF DEATH	
Died at <i>Poolsville</i> ^{Town}		County <i>Montgomery</i>	
Date of death <i>1908</i> ^{Month} <i>Mar</i> ^{Day} <i>4</i>		Age <i>70</i> ^{Years} <i>70</i> ^{Months} <i>0</i> ^{Days} <i>0</i>	
Sex <i>Male</i>		Color or Race <i>White</i>	
Occupation <i>Farmer</i>		Birth-place <i>Poolsville Md</i>	
Where Residing if not at place of death <i>Poolsville</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>-</i>	
Father's Name <i>Jesse Viers</i>		Father's Birthplace <i>Poolsville</i>	
Mother's Maiden Name <i>Saphira Viers</i>		Mother's Birthplace <i>Poolsville</i>	
Name of person giving information <i>Mr A And</i>		How related to deceased <i>Nephew</i>	
CAUSES OF DEATH			
Primary <i>Arterio Sclerosis</i>		How long <i>-</i>	
Immediate <i>Cerebral Hemorrhage</i>		How long <i>48 hours</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>EW White</i>	
		Address <i>Poolsville Md.</i>	
Accident or Suicide? <i>No</i>			

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Rebecca Waters

CERTIFICATE OF DEATH

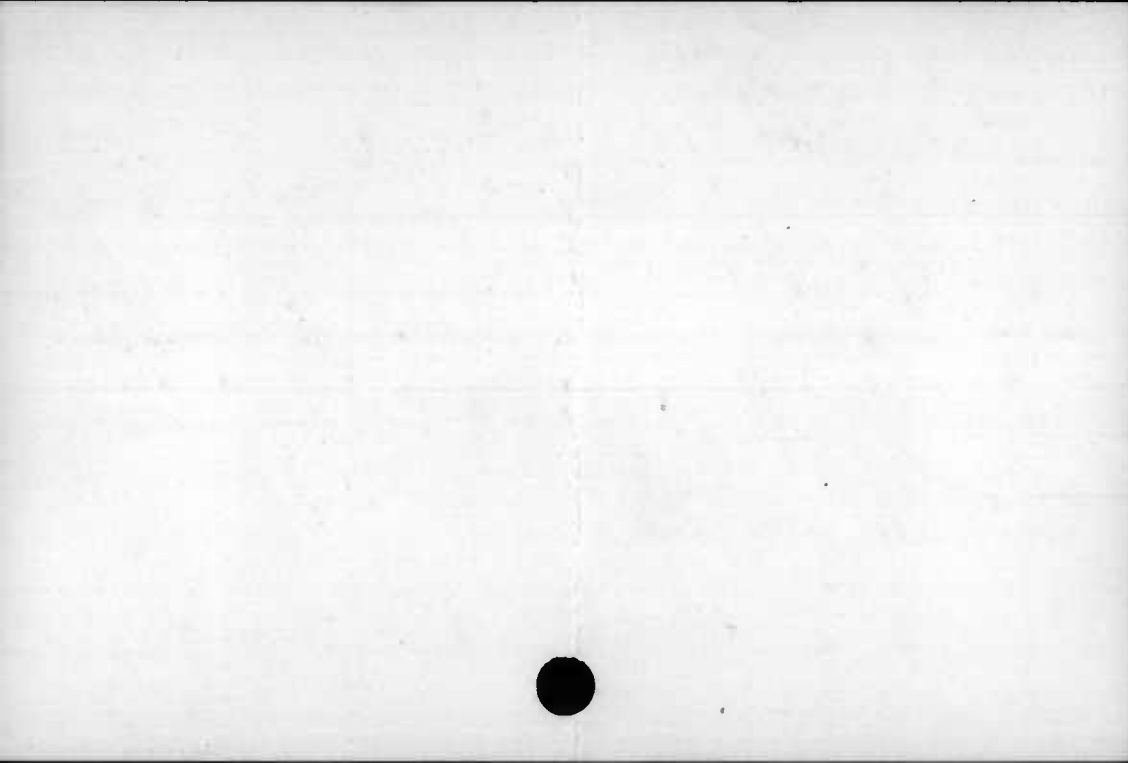
Died at <i>Germanstown</i> ^{Town}		<i>Montg'</i> ^{County}		MARYLAND	
Date of death	1908	Month	3	Day	23
		Years	74	Months	1
		Age	74	Days	11
Sex	<i>Female</i>		Color or Race	<i>White</i>	
Occupation	<i>Housewife</i>		Birth-place	<i>Montg' Co.</i>	
Where Residing if not at place of death			—		
Married, Single or Widowed <i>Widowed</i> Wife or Husband <i>William Waters</i>					
Father's Name	<i>Alpha Watkins</i>			Father's Birthplace	<i>Damascus, Md.</i>
Mother's Maiden Name	<i>Rebecca Watkins</i>			Mother's Birthplace	<i>Montg' Co.</i>
Name of person giving information	<i>William Waters</i>			How related to deceased	<i>Son.</i>

CAUSES OF DEATH

10

Primary	<i>La Grippe</i>	How long	<i>3 Weeks</i>
Immediate	<i>Bronchitis</i>	How long	<i>2 Weeks</i>
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	
Signature of Physician		<i>J. M. Singers</i>	
Address		<i>Germanstown Md</i>	
Accident or Suicide?		—	

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Grifton</i> ^{Town}		<i>Montgomery</i> ^{County}		MARYLAND	
Date of death <i>1908</i>	<i>March</i> ^{Month}	<i>18</i> ^{Day}	<i>83</i> ^{Years}	<i>—</i> ^{Months}	<i>—</i> ^{Days}
Sex <i>Female</i>	Color or Race <i>African</i>		Birth-place <i>Montgomery Co</i>		
Occupation <i>House Wife</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Andrew Webster</i>				
Father's Name <i>Denson Clemmends</i>	Father's Birthplace <i>Don't know</i>				
Mother's Maiden Name <i>Elija Clemmends</i>	Mother's Birthplace <i>Unknown</i>				
Name of person giving information <i>J. J. M. Webster</i>	How related to deceased <i>Son</i>				

CAUSES OF DEATH

154

Primary *Old age and Senility*

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Chas. Farguhar, M.D.

Address

*Olney**Med.*

Accident or Suicide?



Name
in
Full

Supred Wolfe

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Takoma</i> Town		<i>Montgomery</i> County		MARYLAND	
Date of death	<i>1908</i>	Month	<i>Mar</i>	Day	<i>10</i>
Age		<i>42</i>	Years	Months	
Sex	<i>Male</i>	Color or Race	<i>white</i>	Birth-place	<i>Germany</i>
Occupation <i>Last occupation, clerk in grocery store about 2 yrs. before death.</i>			Where Residing if not at place of death <i>Same</i>		
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband <i>Dont know Hannah Wolff</i>			
Father's Name	<i>Dont know Nathan Wolff</i>	Father's Birthplace <i>Germany</i>			
Mother's Maiden Name	<i>Dont know Henrietta Wolff</i>	Mother's Birthplace <i>Germany</i>			
Name of person giving information <i>Hannah Wolff</i>			How related to deceased <i>Wife</i>		

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<i>Chronic Ulceration of Throat</i>	How long	<i>4 yrs</i>
Immediate	<i>General Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Geo K Baer MD</i>	
Copy - <i>W. L. Lewis</i>		Address <i>Washington</i>	
Accident or Suicide? <i>X</i> <i>Co H. O.</i>		<i>oc</i>	



Name
in
Full

Ella. Wood

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

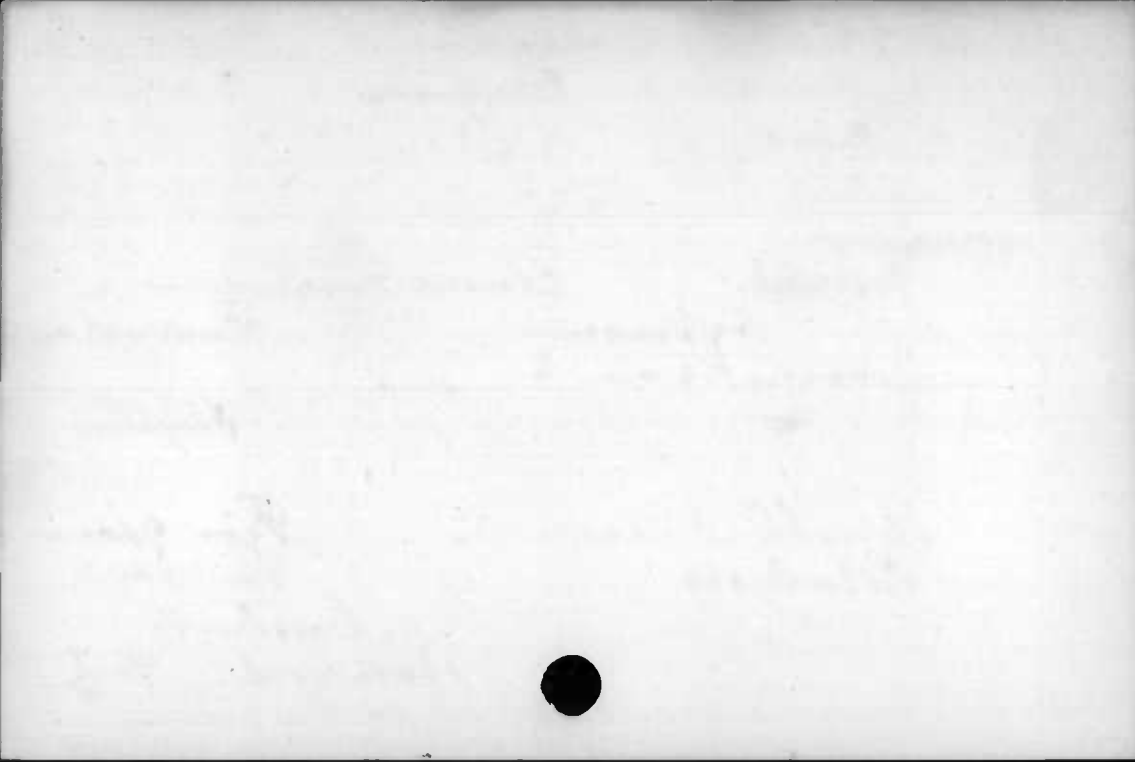
Died at <i>Rockville</i> ^{Town}			<i>Montgomery</i> ^{County}			MARYLAND	
Date of death <i>1908</i>		Month <i>3</i>	Day <i>1</i>	Age <i>2</i>	Years <i>2</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>		Color or Race <i>colored</i>		Birth-place <i>ind</i>			
Occupation <i>house</i>				Where Residing if not at place of death <i>X</i>			
Married, Single or Widowed <i>X</i>		Name of Wife or Husband <i>X</i>					
Father's Name <i>Edmond Wood</i>				Father's Birthplace <i>ind</i>			
Mother's Maiden Name <i>Cora Johnson</i>				Mother's Birthplace <i>ind</i>			
Name of person giving information <i>Ed. Wood</i>				How related to deceased <i>Sister</i>			

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary <i>Sm. Ph.</i>	How long <i>3 weeks</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>O. M. L. Thacker</i>
	Address <i>Rockville</i>
Accident or Suicide?	<i>ind</i>



Name
in
FullAmeyna M. G. *Harriet Gunnerman*

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Beallsville</i> Town		<i>Montgomery</i> County		MARYLAND	
Date of death <i>1908</i>	Month <i>March</i>	Day <i>6</i>	Age <i>62</i> Years	Months <i>two</i>	Days <i>27</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Frederick Co</i>		
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Edward Gunnerman</i>				
Father's Name <i>Daniel Hoffman</i>	Father's Birthplace <i>Frederick Co</i>				
Mother's Maiden Name <i>Harriet Smith</i>	Mother's Birthplace <i>"</i>				
Name of person giving information <i>Harriet Gunnerman</i>	How related to deceased <i>Daughter</i>				

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary <i>Bright's disease</i>	How long <i>Five years</i>
Immediate <i>Paralysis</i>	How long <i>Two days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. H. Stonestreet</i>
	Address <i>Barnesville Ind</i>
Accident or Suicide?	

